Imperial Medicine:
An Ethnography of Immigrant Experiences after the Affordable Care Act

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Abstract

My dissertation illustrates affinity between the US health care system and border control. I conducted 11 months of ethnography at Justicia y Paz (JyP), a volunteer-run NGO based in Houston, Texas that provides free food, clothing, basic medical services and temporary shelter to hundreds of undocumented immigrants from Latin America, Africa, and Asia each year. I supplement this data with hundreds of informal interviews and 36 semi-structured in-depth interviews with migrants, volunteers, and city employees affiliated with Houston's medical district. I find that immigrant health care is premised less on legality (i.e., being documented) and more on legibility (i.e. being recognizable to health care practitioners in particular ways). Drawing on Harsha Walia's theory of border imperialism, which draws insights from critical race theory, Marxist analysis, feminist studies, and poststructuralism, I argue that illegality is not simply a determinant of but also determined by health disparities. Today's health care system operates like a border where the racialized terms of illegality are regulated, (re)produced and actively contested. My research illuminates these processes through examining how health care is understood, provided, and received at the medical district, NGO, and migrant levels. In doing so, I make several theoretical contributions to the areas of medical sociology and immigration and develop practical considerations for health practitioners and NGOs with health equity aims. On a theoretical level, I illustrate convergence between the welfare and carceral state, advance theoretical debates around medicalization, and add nation to analyzes between caregiving and masculinity. On a practical level, I implicate health practitioners and equity-oriented NGOs like JyP in different forms of migrant suffering and offer considerations for becoming social justice allies.

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Chapter 1 – Introduction

In May of 2015, the U.S. Department of Health & Human Services[1] released a report revealing that nearly 16.4 million uninsured people had gained health care coverage since the passing of President Obama's Patient Protection and Affordable Health Care Act (ACA) in 2010. However, this does not include an estimated 11.3 million undocumented immigrants[2] (Rosenblum & Ruiz Soto, 2015), expected to become the largest uninsured population in the nation after the legislation's full implementation (Irshad, 2012). This begs the central research question: *how do undocumented immigrants navigate today's health care system and with what consequences?*

The purview of this dissertation engages but goes beyond the classic question of access. Most of the literature surrounding immigrant health care contends with questions about access to health care services (Berk, Schur, Chavez, & Frankel, 2000; Browne, 2014; Clough, Lee, & Chae, 2013; Footracer, 2009; La Parra & Angel Mateo, 2008; Mohanty et al., 2005; Nagi & Haavio-Mannila, 1980; Park, 2011b, 2011a; Razum & Bozorgmehr, 2016; Siddiqi, Zuberi, & Nguyen, 2009; Song et al., 2010; Stimpson,

[1] U.S. Department of Health & Human Services (2015) report findings may be seen here: http://www.hhs.gov/healthcare/facts/factsheets/2014/10/affordable-care-act-is-working.html

[2] While the terms "immigrant" and "migrant" are used interchangeably throughout this dissertation, their meanings differ. The former connotes permanent relocation while the latter implies temporary residency. The situation for individuals and groups, however, is generally uncertain, and the term "migrant" gets closer to reflecting this uncertainty. As Willen and Cook (2016) indicate: "Since individuals on the move often do not – and perhaps cannot – know whether their residence in a given location is temporary or permanent, or what sort of status will ultimately be available to them, the open-ended terms 'migrants' and 'migration' hew closest to the variability, as well as the uncertainty, associated with many contemporary patterns of human mobility" (pp 114-115).

Wilson, & Eschbach, 2010; Viladrich, 2012). This includes more recent research situated in the context of the Affordable Care Act (Castañeda & Melo, 2014; Evans & Arbeit, 2017; Joseph, 2016, 2017; Marrow & Joseph, 2015; Stimpson, Wilson, & Su, 2013; Warner, 2012; Zuckerman, Waidmann, & Lawton, 2011). Extending beyond this familiar inquiry, this dissertation examines the various forms, functions, and meanings of care that migrants contend with as they navigate the parameters of their exclusion. Navigating today's health care system requires migrants to contend with a number of interlinking forces – the incessant privatization of health care, pervasive ideologies around migrant deservingness, and contentious politics surrounding citizenship and notions of social belonging. This dissertation evaluates these forces and demonstrates how a policy about health care (i.e., the ACA) is also about social control, racial formation, creativity, and US imperialism.

The empirical foundation of this dissertation is an eleven-month ethnography with an organization I call Justicia y Paz (JyP), a Catholic Worker Movement-inspired (Coy, 2001; Deines, 2008; McKanan, 2008), donation-based, and volunteer-run NGO in Harris County of Houston, Texas. I supplement this data with hundreds of informal interviews and 36 semi-structured in-depth interviews with migrants, volunteers, and city employees affiliated with Houston's medical district. Operating in the only US-Mexico border state to opt out of the ACA's provision for Medicaid expansion, JyP conceptualizes care widely and provides free food, clothing, basic medical services and temporary shelter[3] to hundreds of undocumented migrants from Latin America, Africa, and Asia each year. It

[3] With some exceptions (see Chapter 4), migrants are generally allowed to stay at JyP for ten days.

also serves as an important liaison to Houston's medical district and a space where migrants can provide care to each other. As such, JyP serves as a key site from which to examine migrants' experiences within three levels of care. First, the medical district level. JyP helps migrants become eligible for and obtain care in Houston's medical district, the largest in the country. Second, the NGO level. Like other NGOs throughout the country (Frey & Pardo, 2017), JyP is a final resort for migrants in need of care, and it operates with its own ideas about what care looks like and accomplishes. Third, the migrant level. JyP provides a unique context from which to examine the care migrants provide to one another, specifically migrant men[4].

Each of the aforementioned levels of care contributes to a more holistic and complex picture of immigrant health care today. Their synthesis more accurately reflects the extensive network of today's "health care system" – that is, a system of care that goes beyond the walls of hospitals and community clinics to include the domain of NGOs and private households. A qualitative assessment of migrants' experiences at each of these levels casts light on the social consequences of current legislation and illuminates practical, empirically-grounded implications for policy development in the arenas of both health care and immigration.

Research Questions

As indicated above, I explore how undocumented immigrants navigate today's health care system and with what consequences. Accordingly, I examine migrants' experiences at three levels: the medical district level; the non-governmental organization

[4] Reasons for my focus on migrant men are elaborated below. In short, the director of JyP asked me to focus the majority of my time with migrant men.

(NGO) level; and the migrant level. Respectively, I seek to answer three research questions: (1) how does illegality shape and get shaped by undocumented migrants' experiences with Houston's medical district; (2) how do undocumented migrants at Justicia y Paz become deserving of care; and (3) what does care mean to migrant men who provide care to one another? Across each of these three levels, I critically evaluate the meanings and functions of care (i.e., what care *is* and what care *does*). In a dynamic ebb and flow between my data collection, analysis, and writing, I evaluate migrants' micro-level experiences vis-à-vis larger macro-level sociostructural forces of US imperialism, including capitalism, racial formation, patriarchy. At the center of these forces is a tension between neoliberalism – a political economic philosophy that trumpets privatization and free market enterprise (Harvey, 2005) – and the Catholic Worker Movement (Day, 1964; Zwick & Zwick, 2005) – a movement that is ideologically attuned to anti-capitalism and state skepticism. In addition to the stories they share, migrants' experiences and interactions with health care practitioners, JyP volunteers, social workers, law enforcement, day-laborer contractors, and other migrants illuminate the limitations of modern medicine and multilayered complexity of immigrant health care.

The central argument of this dissertation is that illegality is not simply a determinant of but also determined by health disparities. Today's health care system not only addresses but also constitutes migrant vulnerability and suffering. Further, I contend, it operates like a border where the racialized terms of illegality are regulated, (re)produced and actively contested. Each of the three aforementioned levels of care attest to this argument. I find that Houston's medical district acts as a mechanism of

border control that regulates and subjects migrants to new forms of vulnerability and exploitability. At Justicia y Paz, volunteers and migrants co-construct and reproduce racialized notions of deservingness. Consequently, in order for migrants to be "deserving" of care at JyP, they must subscribe to a set of conditions and activities that racialize them in terms of presumed labor power and indigence. At the migrant level, I find that migrant men's care work (i.e., the care they provide one another) operates as a form of political contestation. Through their care work, the men actively resist the legal terms of their exclusion and negotiate spaces of care and community for themselves. A central theme that threads across these findings is legibility. This dissertation makes strange the familiar narrative that immigrant health care is about legality (i.e., being documented) and emphasizes the importance of legibility (i.e., being recognizable to health care practitioners in particular ways). Though my target audience is sociologists, the theoretical and practical implications of this dissertation are interdisciplinary and resonate with the work and aims of medical anthropologists, public health professionals, health practitioners, and immigrant advocacy organizations committed to eradicating immigrant health disparities.

Contributions

My research makes three theoretical and two practical contributions. First, I link sociologies of immigration and health care to develop a critical analysis of the state and its contemporary modes of governance. Building on the work of others who have demonstrated affinity between health care and the state (Hartmann, 1995; Luibhéid, Andrade, & Stevens, 2018; Paltrow & Flavin, 2013; Park, 2011b; Roberts, 2014), this research elucidates the manner in which the left and right hands of the state (Bourdieu,

1998) – respectively, the welfare and carceral state – are converging. Wacquant (2009) predicted such convergence, but it remained unclear how the union of these two arms of the state would unfold, and with what consequences. Timmermans and Gabe (2002) discussed law and medicine as separate arenas that sometimes overlap and fight for jurisdiction across what they call a "medico-legal borderland." Rather than fight for jurisdiction, however, this dissertation illuminates the ways that health care and the state share biopolitical control (Foucault, 1978, 2003) over how undocumented immigrants live and die in the United States today.

Second, I add to current debates about medicalization and its driving forces. Medical sociologists generally conceptualize medicalization as the process by which non-medical facets of life (e.g., alcoholism, homosexuality, domestic violence) come to be defined as medical problems in need of treatment, intervention, and medical social control (Conrad & Schneider, 1992). For many, health practitioners, insurance providers, and those in political positions of power have been regarded as key claims-makers in medicalization processes (Conrad & Schneider, 1992; Spector & Kituse, 1977). However, my dissertation illustrates the ways illegality, a sociolegal condition and juridical status (De Genova, 2002), becomes a subject of medical social control without ever being defined as a medical problem. As Conrad and others have argued (Clarke, Shim, Mamo, Fosket, & Fishman, 2003; Conrad, 2005; Conrad & Leiter, 2004), market interests, rather than key actors, are becoming the driving force behind medicalization processes. My research provides support for this argument, illustrating the ways in which two of the nation's most lucrative industries – health care (Grouse, 2014; Relman, 1980) and immigration control (Golash-Boza, 2009b; Trujillo-Pagan, 2013) – come into

conversation with and promote one another.

Third, I contribute to analyzes of caregiving and masculinity (Campbell & Carroll, 2007; Kirsi, Hervonen, & Jylhä, 2000; Russell, 2001; Thompson, 2002) with additional attention to nation. Understandably so, most research on migrant caregiving centers on the experiences of migrant women, particularly in relation to their participation in global care chains (J. Connell, 2008; Ehrenreich & Hochschild, 2004; A. R. Hochschild, 2000; Hondagneu-Sotelo, 2007; Lan, 2006; Parreñas, 2001, 2004; Yeates, 2009, 2012). Little research implicates migrant men with this type of labor (Kilkey, 2010; Kilkey & Palenga-Möllenbeck, 2013; Pérez & Stallaert, 2015; Sarti & Scrinzi, 2010), and even fewer analyzes evaluate their care for another. Justicia y Paz provides an important, though understudied, context in which this occurs. Drawing on the frameworks of scholars who do work on hegemonic masculinity (R. W. Connell, 1987; R. W. Connell & Messerschmidt, 2005) and citizenship (Bloemraad, 2018), I illustrate the potential and limitations of male migrant caregiving as a means for negotiating social belonging.

On a practical level, my dissertation inspires new considerations for health care practitioners and immigrant advocacy organizations similar in scope to Justicia y Paz. First, my research implicates health care practitioners – including social workers, case managers, clerical staff, and home care workers – in dynamics conducive to migrant suffering. Though, my research clarifies that their unwitting participation in this is not a matter of rational choice, but rather, their professional obligation to a health care system that provides care on the basis of legal legibility. Serving as allies to migrants in need of care means requires health practitioners to, at a minimum, subvert health care bureaucracy and/or, at a maximum, systemically dismantle the foundations of private

medicine. Second, my dissertation highlights the potential and limits of social movements and organizations with socio-politically progressive aims. Consistent with recent scholarship (Jimenez & Collins, 2017), I illustrate how difficult it is for NGOs to actualize equity-oriented aims today, especially when NGOs' primary beneficiaries are relegated to racially subordinate positions of power. In short, my dissertation encourages immigrant advocacy NGOs to have migrants and/or other multiply-marginalized populations take the lead in mandating organizational activities, agendas, and aims.

In the remainder of this introduction, I provide pertinent background information, an overview of my dissertation's theoretical framework, and a discussion of my methodology. First, I situate my dissertation in the context of today's health care system and providing background information about Justicia y Paz. Then, in order provide some historical context, I detail the ways the US immigration and health care systems have developed over time. In subsequent sections, I present Harsha Walia's (2013) border imperialism as my overarching theoretical framework and make the case for my employment of ethnographic and interview methods. Following this, I conclude this introduction with a brief overview of this dissertation's remaining chapters.

Background Information

The context: Immigrant Health Care Today

The Patient Protection and Affordable Health Care Act (ACA) explicitly denies undocumented immigrants health care coverage, solidifying the barriers to health care already set in place by the 1996 federal Welfare Reform bill (Personal Responsibility and Work Opportunity Reconciliation Act; PRWORA) and the 1996 federal immigration legislation (Illegal Immigration Reform and Immigrant Responsibility Act; IIRIRA). The

1996 Acts were designed to restrict legal immigrants' access to care. IIRIRA created stricter eligibility for criteria[5] for means-tested programs like Medicaid, and PRWORA required legal immigrants who arrived after August 22, 1996 to wait for five years before being able to apply for Medicaid (Park, 2018). Like IIRIRA and PRWORA, the ACA did not change the terms of undocumented immigrants' exclusion from health care coverage. They were ineligible for coverage before the ACA, and they remained so after the ACA was passed. Although it appears that nothing has changed, the ACA's effect on undocumented immigrants has to do specifically with the health care safety net.

Like indigent citizens, most undocumented immigrants seek medical services from the health care safety net (Staiti, Hurley, & Katz, 2006), which consists of public hospitals, federally qualified health centers, charity clinics, community health centers and any non-profit or non-governmental organizations that serve indigent populations without regard for ability to pay (Lewin & Altman, 2000). Accordingly, most of the care that safety net practitioners provide is uncompensated care, meriting their need for federal reimbursements in the form of Disproportionate Share Hospital (or DSH) payments. Since the ACA's passing, however, this already minute safety net has been shrinking (Andrulis & Duchon, 2007; Andrulis & Siddiqui, 2011; Holahan, Buettgens, & Dorn, 2013; Wallace, Torres, Nobari, & Pourat, 2013). The ACA assumed that as more people gained health insurance, the need for the health care safety net and associated federal

[5] This affected prospective immigrants as well. As per IIRIRA, all family-sponsored immigrants who applied for an adjustment of status or immigrant visa after December 19, 1997 needed an affidavit of support (INS Form I-864) from their sponsor (Park, 2018).

reimbursements would decrease over time. However, this has not been the case, especially in contexts like Houston, Texas.

Houston, the fourth largest city in the country, comprises 13 counties, nine of which make up Houston's Metropolitan region, "the single most ethnically diverse large metropolitan region in the country" (Klineberg, Wu, Douds, & Ramirez, 2014, p. 3). The largest county in Houston is Harris County with a population of almost 4.6 million people ("US Census," 2018). Census estimates (2018) indicate that Harris County is 69.8% White, 19.7% Black, 7.3% Asian, and 43% Hispanic/Latino (compared to a 18.1% Hispanic population in the nation). Additionally, more than a quarter (26%) of the county's population is foreign born, compared to the nation's 13.4% of foreign born[6]. According to Migration Policy Institute estimates (Rosenblum & Ruiz Soto, 2015), approximately 412,000 undocumented immigrants reside in Harris County alone.

Harris County operates within the only U.S.-Mexico border state to opt out of the ACA's provision for Medicaid expansion. Because Texas did not expand its Medicaid program and a large proportion of its population are either undocumented or citizens that fall into the coverage gap[7], the number of uninsured patients in Texas has not substantially decreased[8]. This means that safety net providers in Harris County have had

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[6] This does not necessarily mean that individuals are undocumented.

[7] People who fall into the "coverage gap" make too much money (above 43% of the federal poverty level; $8,935 for a family of three) to qualify for Medicaid but not enough (below 100 of the federal poverty level; $12,140 for individuals) to qualify for Marketplace premium tax credits (Garfield, Orgera, & Damico, 2019). Garfield and colleagues (2019) estimate that 2.5 million U.S. citizens fall into the coverage gap, over a quarter of which reside in Texas alone. They also indicate that if all states did expand Medicaid, approximately 4.9 million nonelderly uninsured adults would gain coverage.

[8] This does not include children. Children, including legal immigrants, whose families fall below the poverty level are generally covered under the Children's Health

to continue providing uncompensated care for nearly the same percentage of uninsured patients (approximately 27% according to 2014 Census estimates) it had seen before the ACA, but with less federal funding[9]. Accordingly, in order to fund the care they provide, safety net providers have focused more of their attention on "paying" (i.e., Medicaid-eligible) citizens and less on undocumented immigrants (Andrulis & Siddiqui, 2011), leaving the latter group fewer options for health care than ever before. Thus, for many migrants in today's health care context, access to care is becoming increasingly exceptional, and NGO spaces like Justicia y Paz are beginning to epitomize the future of immigrant health care without substantive immigration and health care reform.

The Site: Justicia y Paz

The Catholic Worker Movement. In this section, I elaborate on the historical underpinnings and philosophical orientation of Catholic Worker Movement that guides Justicia y Paz's (JyP) activities. Dorothy Day and Peter Maurin co-founded the Catholic Worker Movement in Staten Island, New York in 1933 during the Great Depression. Like many others during this period, Day and Maurin were skeptical about the state's ability to

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Insurance Program Reauthorization (CHIPRA) Act of 2009 (Kenney, Lynch, Cook, & Phong, 2010). Undocumented children remain ineligible for care under CHIPRA.

[9] Instead of expanding Medicaid through the ACA, Texas, like other states (Jahnke, Siddiqui, Andrulis, & Reddy, 2015; Kelley & Tipirneni, 2018), opted to expand its Medicaid managed care programs with an 1115 waiver. This allows local hospitals and hospital districts (e.g., the HHS) to maintain decision-making power regarding healthcare delivery systems, instead of the federal government. Under section 1115 of the Social Security Act, states can apply for these waivers and secure additional funding for uncompensated care as long as they can demonstrate that their programs will improve health care delivery and enhance the overall quality of care. The Texas Health & Human Services Commission received a five-year legislative approval for the 1115 waiver in 2011 and subsequently extended it until 2023.

meet the needs of the people. The movement's supporters, referred to as "Catholic Workers," envisioned a new social terrain where people cared for one another outside of the state's purview. Boehrer (2003) clarifies: "To secular society, Catholic Workers point out the inability of government to legislate compassion or dignity in a bureaucratic system" (p. 40). Rejecting faith in the market or state-sanctioned bureaucracies to serve the needs of the people, Day placed her trust in the people, a radical notion at the time. "Justice," as conceptualized within the Catholic Worker Movement, was centered on human relationships, rather than the state (Morton & Saltmarsh, 1997).

To foster these relationships, Day, Maurin, and other Catholic Workers began participating in a range of activities. One of the movement's central activities were its farms and urban gardens. Stock (2014) describes the purpose of these farms: "[Dorothy Day and Peter Maurin's] vision of Catholic Worker farms emerged from the material need for jobs in an era of high unemployment and as a solution to the alienation of worker, in general" (p. 152). The farms exemplify one of the first manifestations of the movement's dedication to the philosophy of personalism, which refers to taking personal responsibility for assessing and meeting the needs of the poor (Deines, 2008). Another activity that continues on today is the operation of "houses of hospitality," spaces where people provide free care and shelter to the poor. Day and Maurin advocated this practice and philosophy through a newsletter called "The Catholic Worker" (Boehrer, 2003; Morton & Saltmarsh, 1997), which continues to be published in various locales today. Printed in both English and Spanish, these newsletters are designed to illustrate the needs of the poor and allow the wider public to participate in meeting those needs. In this way, the newsletter invites further support for the Catholic Worker Movement.

While both Peter Maurin and Dorothy Day are credited for the movement's emergence, Day exemplifies the movement's principles and inspires the movement's ongoing legacy (Morton & Saltmarsh, 1997). Playing a significant role in the antinuclear weapons movement of the 1950s, Dorothy Day was committed to nonviolent action and staunchly rejected tenets of early 20th century capitalism. Serving as an inspiration to other prominent leaders such as National Farm Workers Association Co-Founder Cesar Chavez (Ryan, 1994) and anti-war priest Daniel Berrigan (Morton & Saltmarsh, 1997), Day conceptualized social change as a personal endeavor, rather than an overtly political or economic one. Instead of calling for class revolution, as Marx did, she endorsed spiritual revolution. In here view, eradicating poverty would require a change in people's hearts and minds – people would need to learn to see the poor as Christ-like figures deserving of care. Day's solidarity with the poor, as exemplified in her voluntary poverty, hospitality, and social justice work, reflected her desire to not only establish a sense of personal belonging but also substantiate a politics of resistance against a 20th century budding culture of consumption (Morton & Saltmarsh, 1997).

One of Day's central critiques about the state was that it was unable to treat individuals with the same compassion, dignity and love as Christ, but people could. Hospitality, a central philosophical component of the Catholic Worker Movement (Coy, 2001; Deines, 2008; Zwick & Zwick, 2005), requires Catholic Workers to show compassion to individuals regardless of demographic composition. Every person who comes to the doors of a house of hospitality is seen as a Christ-like figure that is cared for according to their needs. In many ways, this orientation toward care is characterized as anarchism. Sociologist Harry Murray (1990) explains:

> Anarchism interacts with hospitality in several ways. First it reinforces the notion of personal responsibility for the poor – one cannot leave one's brothers and sisters to the cold 'mercy' of the state. Second, it reinforces the belief that bureaucratic forms of organization should be avoided at all costs in Houses of Hospitality. Third, it enhances the adversarial nature of interaction with state welfare agencies in advocating for the homeless. (p. 79)

In Day's view, the state interrupts people's capacities for knowing one another and meeting each other's needs. Jumping through the hoops of state-sanctioned bureaucracy guarantees both a certain level of wasted energy and impersonal relationality. As core tenets of the Catholic Worker Movement, hospitality and anarchism prescribe personal connections and autonomy from the state.

About Justicia y Paz. In short, the aim of the Catholic Worker Movement is to step in for the state and serve the poor. Justicia y Paz is one of over 200 houses of hospitality to take up this goal (Allaire, 2018), and it has been doing so since 1980. Within the city of Houston, Justicia y Paz is anomalous. It is situated within a rapidly developing urban sector peppered with a mix of mid-rise condominiums, taqueria restaurant chains, hookah bars, churches and storage facilities. Amidst a unique lack of city-wide zoning laws, the organization comfortably occupies an entire neighborhood block surrounded by local businesses and gentrification projects. Ironically, it serves one of the most multiply marginalized populations in the city but sits only blocks away from one of Houston's richest neighborhoods, a space where three Starbucks cafés occupy three out of four corners of an intersection. Structurally, JyP is separated into a "women's house" and "men's house" – two buildings that sit back-to-back on the same neighborhood block. Children, female volunteers, and migrant women reside in the former. Male volunteers and migrant men live in the latter. While the women's house is two stories tall and can house up to 40 people, the men's house is wide and can provide

shelter for up to 65 people.

Like other houses of hospitality, JyP has the discretion to serve whichever population it deems most in need. While some, like JyP, have decided to provide care to undocumented immigrants, others have targeted their services toward other "disempowered populations" like the homeless or sex workers (Stock, 2014, p. 151). Though each space may decide how it will operate, all of them attempt to adhere to the seven corporal and seven spiritual works of mercy, central to the Catholic Worker Movement. These fourteen works of mercy are reflected in the New Testament's book of Matthew [10] and highlight the affinity between caring for Christ and caring for the poor (Zwick & Zwick, 2005). The undocumented migrants who come through Justicia y Paz (JyP) are cared for as Christ-like figures. To turn away someone in need is to turn away Christ.

Practicing the works of mercy involves adhering to four underlying principles of the Catholic Worker Movement: pacifism, hospitality, voluntary poverty and personalism. In terms of pacifism, the JyP advocates nonviolent remedies to social oppression. Following the teachings of Dorothy Day, JyP does not envision violence as a solution to underlying social problems. Hospitality serves as a more useful alternative, treating everyone who arrives at JyP with human dignity, respect and embracement regardless of race, gender, legal status or background.

The other two philosophical underpinnings of the Catholic Worker Movement are voluntary poverty and personalism. Although JyP operates within a US capitalist system, it does so as conscientiously and defiantly as it can. Voluntary poverty is designed to

[10] The Sermon on the Mount and Matthew 25.

reject the capitalist tenets of consumption. To accomplish this, Catholic Workers live with the people they serve, share community-donated resources and attempt to limit their produce consumption to items from JyP's own garden. When JyP does partake in large-scale purchases, it tries to limit its purchases to local businesses, avoiding corporate giants like Wal-Mart and Home Depot as often as possible. Lastly, personalism refers to taking personal responsibility in assessing and addressing needs (Deines, 2008) no matter how big or small. This can range from something as mundane as cleaning a bathroom to more urgent things like taking someone to the emergency room. Together, the four philosophical tenets of the Catholic Worker Movement undergird JyP's capacity to conceptualize and provide in its own way.

Like other houses of hospitality, JyP operates with tremendous autonomy. Part of what facilitates this is its steady funding and pool of volunteers, both of which come directly from the community. JyP relies on community support for everything, including food, money[11], and material goods like cookware, furniture, and clothes. Although the organization operates as a registered non-profit and maintains financial records for auditing purposes, it does not need to propose five-year budget plans or justify its expenses to any financial institution. It can use the monetary support it receives however it sees fit and address any need it recognizes. JyP's newsletter serves as the organization's primary form of information dissemination and request for funding. JyP distributes its newsletter about four or five times year to over 42,000 people and religious institutions across the world[12]. Only once, during the Christmas issue, does the

[11] Public records for recent years indicate over $2 million in annual assets.

[12] As a point of comparison, Peter Maurin and Dorothy Day ran only 2,500 copies of their first "Catholic Worker" newsletter (Allaire, 2018).

organization ask for economic support. Volunteers and the organization's founders, Margaret and Larry[13], generally share stories in the newsletter about what it's like to be a Catholic Worker. Migrants who contribute to the newsletter[14] generally recount their experiences on route to and within the United States.

In terms of labor, JyP runs solely on the labor of migrant guests – that is, migrants residing at the organization – and volunteers. Migrant men perform much of the manual labor required at JyP, including handing out food to people who come to the organization's weekly food distributions. Like migrant women, migrant men also do much of the cooking. Volunteers labor is a bit different. Once a week, doctors from the community volunteer their time at JyP's clinic, and volunteers assist in medical triages. Volunteers also help migrants set up legal and medical appointments, sort through donations, teach English, coordinate with utility providers, and provide lunches to day laborers six days a week. JyP's co-founders also perform substantial labor for JyP. With the help some other volunteers, Margaret and Larry write, translate[15], edit, and publish the organization's newsletter four or five times a year. Additionally, they respond to thousands of Christmas donation letters with personalized, handwritten thank you notes, and answer the calls of social workers, doctors, lawyers, journalists, researchers, and clergy members that hail from Houston and other parts of the nation. Volunteers' daily lives are devoted to serving and caring for the poor, and like Dorothy Day and other houses of hospitality that have emerged from the Catholic Worker Movement, they reject

[13] Unfortunately, Larry passed away after this ethnography was completed.

[14] Migrants are given pseudonyms in the newsletter.

[15] That is, into Spanish.

this labor as a form of charity.

Critics of the Catholic Worker Movement often assert that houses of hospitality like Justicia y Paz address surface-level problems and do little to change the underlying social structure causing these problems in the first place, as is the movement's aim (Zwick & Zwick, 2005). However, this reflects a false dichotomy between charity and social justice that Dorothy Day worked hard to clarify. Though a devout and eventual convert of the Catholic faith, Day rejected the Catholic Church because of its obsession with charity. For Day (1952), charity was "a word to choke over;" the church, in her view, advocated "plenty of charity [but] too little justice" (p. 150). In order for a true revolution of the heart, Day contended, charity and social justice would have to go hand-in-hand.

The History: Comparing Immigration Enforcement and Health Care

In this section, I provide a succinct comparison of the United States immigration and health care systems, focusing narrowly on the development border and medical control. This section is important because it situates the phenomena explored in this dissertation within a longer, ongoing narrative of US imperialism. In doing so, I provide a historical foundation for this dissertation and offer hints about the future trajectory of immigration and health care legislation. This section is not intended to be exhaustive; the immigration and health care industries are rife with crosscutting layers of complexity. Rather, my aim here is to emphasize the two industries' shared imperialist obligations to capitalism, nation-building and, with increasing sophistication, racial formation (Omi & Winant, 2015).

The Development of Border Control. Border control is paramount to nation-

building. On one hand, border control is championed for its purported capacity to keep migrants out and reinforce state sovereignty. Media outlets and government representatives across both sides of the political spectrum discursively paint the border as a site of "chaos" and "invasion," advocating for advanced security technologies, a higher volume of border patrol officials, and as apparent in explicit Trump-era calls to "build the wall," tighter infrastructural developments (Andreas, 1998, 2009; Chávez, 2001; Dunn, 1996; Durand & Massey, 2003; Heyman, 1991, 1999; Kearney, 1991; Nevins, 2002)

. On the other hand, border control is conceptualized less as a rigid means of absolute restriction and more like a revolving door, functioning as a system that regulates migrant flows and labor for the purposes of (re)producing capital (Cockcroft, 1986; De Genova, 2004). It is telling, De Genova (2004) notes, "that the US Border Patrol, from 1924 – when it was first created – until 1940, operated under the auspices of the Department of Labor" (p. 163). This regulatory function of border control relies on the concept of illegality.

Illegality is a constructed, spatialized, sociolegal condition and juridical status that places undocumented immigrants in a constant state of deportation (Corcoran, 1993; Coutin, 2000; De Genova, 2002, 2004). It has been (re)fashioned by immigration legislation across time for various imperialist aims vis-à-vis particular populations (De Genova, 2004). Early legislation (i.e., from the Chinese Exclusion Act of 1882 and the Quota Law of 1921 to the Immigration Act of 1924) constructed illegality out of stringent national-origins quotas designed to restrict migration from Asia and most of Southern and Eastern Europe. The purpose of this was to protect a "white" American identity and safeguard a racial order premised on white supremacy (De Genova, 2004; Higham, 1955;

Hutchinson, 1981; Reimers, 1992). In the midst of the Cold War, legislation like the Cuban Adjustment Act of 1966 established lax conditions that allowed Cubans to obtain legal permanent residency and eventual citizenship[16]. As was the case vis-à-vis other communist countries, legislation like this was designed to regulate the incorporation of former communist nationals into a state that trumpets a capitalist political economic system (Charles, 2006). The state characterized them as "freedom fighters" (Loescher & Scanlan, 1998), allowing them to sidestep the restrictive forces of "illegal" status altogether.

For Mexicans, immigration legislation has sociolegally configured illegality around the imperialist objective of global economic power, wherein exploitation of labor is crucial. Mexican migrants were not subject to the same quantitative restrictions as European and Asian populations until 1965 with the passing of the Hart-Celler Act (De Genova, 2004). Prior to this Act, their illegality and deportability relied on a set of qualitative considerations such as work visas, literacy requirements, and sound labor contracts (Acuña, 1981; De Genova, 2004; Dinwoodie, 1977; Gómez-Quiñones, 1994). These qualitative consideration created a unique de facto "revolving-door" policy where importation (of labor) and deportation of (racially criminalized) Mexican migrants could occur almost simultaneously (Chacón & Davis, 2006; Cockcroft, 1986; De Genova, 2004; Sassen, 1999). On one hand, Mexicans[17] were welcomed into the United States for their labor power. On the other hand, however, they were racialized as criminals and subsequently pushed out of the US nation-state. In the late 19th century, for example,

[16] For more information, see https://cu.usembassy.gov/visas/immigrant-visas/cuban-parole-programs/

[17] This includes Mexican nationals and later generations of Mexican-Americans.

industries like mining, railroads, agriculture and ranching relied heavily on Mexican labor (Acuña, 1981; Barrera, 1979; Gómez-Quiñones, 1994). It was a time when laborers were encouraged to cross the US-Mexico border without official authorization (Calavita, 1992; De Genova, 2004; García, 1980). During this same period, however, more than 597 "Mexican looking" individuals were lynched (Carrigan & Webb, 2003, 2013). This seemingly "schizophrenic" (Chacón & Davis, 2006: 173) invitation and criminalization of Mexicans gave the state the discretion to capitalize on their labor power and deport them when such labor was no longer deemed useful. That one only needed to be "Mexican looking" highlights race's centrality in considerations surrounding expulsion and deportation (Chacón & Davis, 2006).

This revolving-door policy was evident again in 1942 after World War II, a period when the US was facing severe agricultural labor shortages. To address these shortages, the US entered into a bilateral agreement with Mexico to create the Bracero Program, which called for Mexican workers and promised the same labor protections that were allocated to US citizens. It was not long, however, before an anti-Mexican and anti-Latino hysteria erupted in the United States, inciting Operation Wetback in 1954. Joseph Swing, Director of the Immigration and Naturalization Service (INS) at the time[18], implemented Operation Wetback, culminating in the detention of over half a million people – the highest number of people ever detained by the INS in a single year

[18] Between 1933 and 1940, the Immigration and Naturalization Service (INS) operated under the Department of Labor. Subsequently, it fell under the purview of the Department of Justice. Beginning in 2003, it was subsumed within today's Department of Homeland Security, which oversees the Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP) and US Citizenship and Immigration Services (USCIS).

(Hernández, 2008; Swing, 1954) – and the expulsion of at least 2.9 million "illegal" Mexican/migrant workers and "Mexican-looking" US citizens (De Genova, 2004; García, 1980). To be "Mexican-looking", as Massey (2007) puts it, was to convey a particular sense of racial foreignness. The interesting thing that Cockcroft (1986) notes about these two pieces of legislation is their relative closeness in timing yet differing messages. While the Bracero Program propagated a policy of "body-snatching" (i.e., literally grabbing Mexican migrants at the US-Mexico border to have them work), Operation Wetback adopted a policy of "body-deporting" (Cockcroft, 1986). The simultaneity here is not accidental. Rather, it is illustrative of a strategic biopolitics intent on maintaining Mexican migrant deportability through criminalization and racialization for the purpose of regulating cheap, exploitable labor.

In 1965, the Hart-Celler Act gave illegality a new sociolegal form. Though praised for its liberal tenor[19], the Act established unprecedented quota restrictions for Western Hemisphere migration, constructing a new "legal" category of inclusion that redefined Mexican illegality as something to be policed (De Genova, 2004). The arbitrary language of "policing illegality" obscures the imperialist objective of "regulating labor" and the fundamental role that border control plays in (re)producing US capitalist power. The next iteration of the revolving door policy in the 1990s provides a case in point. A former police chief in El Paso, Texas implemented what was referred to as Operation Hold the Line (AKA: Operation Blockade) in 1993, which shifted the focus of border security from posthumous apprehension to deterrence (Cornelius, 2001). Following suit

[19] The Hart-Celler Act included amendments to the Immigration and Nationalities Act of 1952 that would end national-origins quotas for European migrants and racist exclusions of Asian migrants (De Genova 2004).

in California, Operation Gatekeeper was implemented in 1994 to draw in more border patrol agents and increase fencing (Nevins, 2002). Both actions entrenched the southern border and occurred almost concomitantly to the 1994 North American Free Trade Agreement (NAFTA), which was intended to eliminate tariffs and facilitate easier trade among Mexico, the United States and Canada. NAFTA suffocated Mexico's agricultural industry (Massey, Durand, & Malone, 2002), resulting in the poverty of over 15 million Mexicans, nearly 1.5 million of whom would migrate to the US in search of low-wage work (Carlsen, 2011). Those who made it to the newly fortified southern border confronted a new sociolegal condition of illegality, the budding stages of an immigration industrial complex (Fernandes, 2007; Golash-Boza, 2009b; Trujillo-Pagan, 2013), and a set of novel, racializing crimmigration policies all designed to feed the carceral state (Aas, 2011; Arriaga, 2016). In this account of the revolving door policy, Mexican migrants' labor power was forced, rather than invited, into the United States, a central characteristic of border imperialism (Walia, 2013, p. 44). Further, their newfound illegality, sociolegally legitimated as an "official" juridical status, made the central operations of border control more legally plausible and, perhaps more importantly, something other institutions could participate in. Though race would continue to serve as a central indicator for expulsion, the 1965 Hart-Celler Act deeply embedded it within the clockwork of various institutional bureaucracies (Amaya-Castro, 2011) including, as discussed further below, the health care system.

A History of Medical Control. The earliest form of health care in the United States was home care (Rosenberg, 1987). In the early 1800s, the notion of a "family doctor" was quite literal, but only the wealthy could call on them. For everyone else, the

alternative were almshouses, spaces that that by no stretch or means compared to the borderline "luxurious" settings of today's hospitals. These spaces were constantly overcrowded, scarce for resources, and reserved for the chronically and mentally ill, along with those with contagious diseases. This generally meant the poor, immigrants, and those deemed "morally unworthy" (e.g., prostitutes and alcoholics), all of whom were referred to as "inmates" (Rosenberg, 1987).

These almshouses could be regarded the United States' earliest iteration of the health care safety net. However, they did not emerge with the same "do no harm" philosophy as today's medical world. Rather, they developed largely out of practical and ethical considerations (Rosenkrantz, 1972; Waitzkin, 2005a). Like other early eighteenth century public hospitals, the purpose of these almshouses was to control the spread of infectious diseases (e.g., typhus, syphilis and tuberculosis) that were disproportionately affecting poor neighborhoods and spreading to wealthier ones, often hurting the operation of businesses (Waitzkin, 2005a). Relatedly, almshouses were also intended to essentially quarantine pauperization (Rosenberg, 1987), or the spread of those who lived on poor relief. Pauperization was regarded a moral threat. Fraser and Gordon (1994) explain:

> Paupers were not simply poor but degraded, their character corrupted and their will sapped through reliance on charity . . . . To be a pauper was not to be subordinate within a system of productive labor; it was to be outside such a system altogether (pp. 316 & 317).

Rosenberg (1987) situates this characterization within the context of early 18th century hospitals and almshouses:

> One of the fundamental motivations in founding America's first hospitals was an unquestioned distinction between the worthy and unworthy poor, between the prudent and industrious objects of a benign stewardship and those less deserving Americans whose own failings justified their almshouse incarceration. (p. 19)

Thus, multiply marginalized populations were subject to medical control and scrutiny well before the development of modern-day hospitals. In some public hospitals developing during this period, indigent populations served as "teaching material" for aspiring medical students who would later utilize their training on paying patients (Waitzkin, 2005a). Notably, the legacy of this practice continues on today (e.g., Santen, Hemphill, Spanier, & Fletcher, 2005). Thus, akin to border control in its earliest iteration, the US health care system, in its earliest forms, operated with a central aim in mind: to protect capital.

Later developments in the health care system brought about new spaces of care but few qualitative improvements for multiply marginalized populations. Community health centers (CHCs) emerged in the late 19th century during the Progressive Era. This period gave wake to the health care system's preoccupation with biomedical intervention[20] (Davenport, 2000; Foucault, 1975; Holmes, 2012, 2013) and the Eugenics Movement, which culminated in the involuntary sterilization more than 40,000 people broadly defined as "socially inadequate"[21] (Sofair & Kaldjian, 2000). Like earlier public hospitals, CHCs sought to stifle the spread of infectious diseases and advance the social reformist aim of helping the poor overcome poverty (Waitzkin, 2005). However, this

[20] Alexander Flexner's 1910 report on North American medical education strongly influenced this. His report emphasized the scientific basis of medical practice and incited overwhelming support for germ theory (Cooke, Irby, Sullivan, & Ludmerer, 2006; Waitzkin, 2000).

[21] Harry Laughlin, an American Eugenicists, defined the "socially inadequate" to include: "the feebleminded, the insane, the criminalistic, the epileptic, the inebriated or the drug addicted, the diseased – regardless of etiology, the blind, the deaf, the deformed, and dependent (an extraordinarily expansive term that embraced orphans, 'ne'er-do-wells,' tramps, the homeless, and paupers" (Lombardo, 1996, p. 3)

period's burgeoning economic strains made it difficult for them to stay afloat. Many of them closed at the advent of the Great Depression (Hollister, Kramer, & Bellin, 1974; Waitzkin, 2005a) and did not re-emerge until the late 1960s. Civil rights leaders demanded better health care for multiply-marginalized populations and developed their own clinics (Fernández-Kelly & Portes, 2012; Waitzkin, 2005a). The benefits of these new spaces were mixed. On one hand, the CHCs and clinics would provide a greater proportion of the population access to care. On the other hand, these spaces would join an already growing regime of health care fixated on biomedical solutions to illnesses and private enterprise.

Despite the lessons and warnings of early social medicine advocates like Rudolf Virchow (1958), Salvador Allende (1939) and Frederick Engels (1845), the 20th century US health care system focused less on the social and structural causes of health disparities (Ansell, 2017; Farmer, 2004; Galtung, 1969; Link & Phelan, 1995; Sabo et al., 2014) and more on incorporating people into the realm of private medicine. In the mid-1960s, private medicine ironically got a jumpstart from publicly financed programs like Medicare and Medicaid, which respectively offer health coverage the elderly (i.e., 65 and older) and the poor. These programs streamline these populations into private clinical settings, to the detriment of the public medical providers like the health care safety net (Marriott, 2009; Waitzkin, 2000, 2005b). This trend – what Waitzkin (2000) calls the "private-public contradiction" – increasingly leaves public medical providers with two options: (1) commercialize and join the sphere of private medicine or (2) wither away completely. As Fox (2015) illustrates, this trend continues today with the ongoing implementation of the Affordable Care Act (ACA): "In order to increase access to care,

the ACA allocates new public funds to subsidize coverage for millions of patients and, as a result, is enhancing the revenue of insurance plans, clinicians, and provider organizations" (p. 180). In short, today's health care system is devoted more to "health access" – an incorporation framework that seeks to increase medicine's consumer base – than "health equity" – a justice framework oriented toward the eradication of health disparities.

Today, the health care system is one of the nation's most lucrative industries (Grouse, 2014; Relman, 1980), outspending every other high-income country in the world, but constantly ranking among the lowest in terms of performance (Ridic, Gleason, & Ridic, 2012; E. C. Schneider & Squires, 2017). Part of this has to do with inbuilt incentives for medical practitioners to prioritize profitable versus cheaper need-based treatments (Kuttner, 2008). On a global scale, this expanding regime of private medicine can be attributed to World Bank and International Monetary Fund trade and economic lending policies that inhibit governments in other local governments from adopting "health care for all" models. Moreover, large medical systems are continuing to merge at an alarming rate. Though anti-trust laws exist to prevent these merging systems from becoming "too large" (i.e., monopolies that inhibit competition), integrations are happening too rapidly; legal offices responsible for enforcing these laws are not able to maneuver complaints through the necessary bureaucratic channels before they expire (Glied & Altman, 2017).

In the backdrop of this long history of health care system development is an increasing significance around IDs. Identification (i.e., an ID) is not the same as identity. IDs tell a story and represent a particular type of inclusion vis-à-vis the state. On the

contrary, identities themselves are distinct from the state, treading a dangerous yet liberating line between social death (Cacho, 2012; Patterson, 1982) and political autonomy.[22] In the context of the US health care system, the ink-saturated pieces of plastic and paper that make up a person's *identification* perform powerful vetting work formerly restricted to social elites. Hospital access was a privilege in the late 18th century, one grounded in a combination of social and economic capital not readily available to multiply-marginalized populations. Rosenberg (1987) explains: "Such personal control of access to hospital beds embodied in a concrete way the ties between client and patron fundamental to a deferential and ordered society; the hospital was meant to implement, not supplant, such ties" (p. 25). Prospective patients, for example, often could not be admitted into a hospital without the written testimonials and recommendations of "respectable" individuals who could attest to applicants' "moral worth" (Rosenberg, 1987, p. 19). Such respectability was often measured in terms of financial sponsorship and one's social networks (e.g., membership in a well-respected church). For example, at one New York Dispensary, "annual subscribers of five dollars had the privilege of 'recommending' two patients at a time; anyone donating fifty dollars was award the privilege for life" (Rosenberg, 1987, p. 25).

Thus, social elites did significant vetting for other individuals in need of health care during the 18th and 19th century. Today, the ID (i.e., *identification*) does this vetting work. No longer do the wealthy vouch for individuals' moral worthiness or deservingness of care in the formal US health care system. Individuals' stories and intersectional

[22] This *identification-identity* dichotomy parallels Agamben's (1998) and Foucault's (1978) discussions around "bare life" (i.e, *zoê*) and particular political existence (i.e., *bios*), respectively.

identities – that is, their social class, race, gender, and legal status – are bound up within the paper or plastic corners of their IDs. The significance of this is that the state's nation-building and racial formation projects are entrenched deeply within the veils of health care bureaucracy. This essentially allows the health care system itself to be colorblind[23] (Bonilla-Silva, 2006), to deny undocumented migrants and other multiply-marginalized populations care without the recourse of every being accused of being racist, misogynist, or xenophobic.

Theoretical Framework

This section provides an overview of the theoretical frameworks that inform my dissertation. Harsha Walia's (2013) border imperialism serves as this dissertation's overarching theoretical arc. Subsumed within border imperialism are theoretical frameworks that correspond to each of my empirical chapters: (1) the theory of medicalization (Conrad, 2007; Conrad & Schneider, 1992); (2) Derrick Bell's (1980) theory of interest-convergence; and (3) Irene Bloemraad's (2018) theory of citizenship as a claims-making process. Respectively, the chapters critically evaluate illegality, deservingness, and citizenship. I elaborate on these three theoretical frameworks in each individual empirical chapter. The purpose of this section is to explicate border imperialism and discuss how each of the aforementioned frameworks situate within it.

Walia's (2013) border imperialism synthesizes a wide range of sociological and interdisciplinary theoretical insights, including critical race theory, Marxist analysis, feminist studies, settler colonialism, and poststructuralism. As a combination of these

[23] I use this term here in an intersectional sense, recognizing the importance of other axes of power like class, gender, legal status and ability.

frameworks, border imperialism presents a proposition about the relationship between migrant suffering and the state. Walia (2013) elaborates:

> Border imperialism is characterized by the entrenchment and reentrenchment of controls against migrants, who are displaced as a result of violences of capitalism and empire, and subsequently forced into precarious labor as a result of state illegalization and systemic social hierarchies. (p. 38)

Four interrelated aspects of imperialism are implicated here. *First*, asymmetrical relations of global power. Like other immigration scholars (Castles, Haas, & Miller, 2014; Massey et al., 2002; Portes & Rumbaut, 2006), a border imperialist framework (2013) recognizes worldwide displacement as the result of an ongoing interplay between imperialism, global trade, and capitalism. These macro-level political economic forces embolden one another (e.g., they influence securitization) and largely influence migrants' day-to-day lives. As De Genova (2013) puts it: "what predominates in the everyday life experiences of undocumented migrants is not 'direct extra-economic force' but rather, precisely the 'silent compulsion of economic relations'" (p. 1189). Notably, this aspect of border imperialism cuts across all three of my empirical chapters.

A *second* characteristic of imperialism has to do with criminalization. As if displacement were not enough, the state also develops draconian punitive policies designed to racialize and criminalize those understood as "alien" or "illegal" (Walia, 2013). When displaced populations enter the United States, they confront racializing crimmigration policies (Aas, 2011; Arriaga, 2016) that are intended to feed the carceral state. Such a setup has been lucrative for the industry of immigration control (Chacón & Davis, 2006; Fernandez, 2007; Golash-Boza, 2009b, 2009a; Koulish, 2007). As elaborated in the previous section, the sociolegal construct of "illegality" is crucial here.

It provides the state a "legal" basis for criminalizing, controlling, and exploiting migrants. De Genova (2004) explains:

> Illegality' is lived through a palpable sense of deportability – the possibility of deportation, which is to say, the possibility of being removed from the space of the US nation-state. The legal production of 'illegality' provides an apparatus for sustaining Mexican migrants' vulnerability and tractability – as workers – whose labor power, inasmuch as it is deportable, becomes an eminently disposable commodity. (p. 161)

This also links to a *third* aspect of imperialism: exploitation. Migrants are not collateral damage to policies of global trade; they are, by design, the state's expected labor pool (Walia, 2013). A border imperialist framework recognizes that displacement is only half of the state's nation-building narrative. The other half pertains to control and regulation; this requires a constant reconfiguration of "illegality". Migrants' "selective inclusion within the nation-state as well as legal (un)national identity as foreign or temporary normalizes the status of their unfree labor and exclusion from the state's regime of rights" (Walia, 2013, p. 73). As definitions of illegality transform across time, so does the market of immigration control. Trujillo-Pagán (2013) notes: "Changing definitions of 'illegality' also generate new forms of capital to manage labor migration." (p. 2). Illegality also makes it difficult for migrants and other laborers to unionize and dismantle capitalism's exploitative terms (Acuña, 1981; De Genova, 2004; Dinwoodie, 1977; Gómez-Quiñones, 1994).

Fourth, border imperialism reifies the racialized hierarchy of citizenship within the nation-state (Walia, 2013). Like other multiply-marginalized populations in the United States (Fraser & Gordon, 1994), displaced populations enter into the nation-state on unequal terms to that of their white male counterparts. Not only do they face various institutional restrictions in things like employment, health care, and education,

but their failings to overcome systemic racial, class, and gender barriers serve only as further proof to the state of individualized race, class, gender inferiorities. Aligning with critical race scholars and those from disciplines like Ethnic Studies and American Studies (Acuña, 1999; Delgado & Stefancic, 2017; Lipsitz, 2005; Muñoz, 2009), border imperialism cautions against assimilationist understandings of migrant inclusion (Alba, Jiménez, & Marrow, 2014; Alba & Nee, 2009; Bloemraad, Korteweg, & Yurdakul, 2008; Brubaker, 2001, 2004; Portes & Zhou, 1993). To a large degree, such frameworks continue to take for granted the notion that full sociopolitical incorporation is possible, or even the aim, of migrant groups. Instead, a border imperialist framework recognizes racialized hierarchies of citizenship as an aim, not unintended consequence, of the state's nation-building agenda (Walia, 2013). From this perspective, incorporation is less of a concern than transformation or reconfiguration of the social, cultural, economic and/or political environments that dictate how migrants live and die.

As the name suggests, one thing drives all four of the aforementioned aspects of imperialism: borders (Walia, 2013). Though widely understood in strictly territorial terms, borders might also be understood as experiential and conceptual. On the experiential front, border identity and border consciousness may be understood in less rigid and fixated terms (Anzaldúa, 1999). Moreover, borders produce for migrants a range of experiences that occur before crossing the border, at the border, and well after migrants have crossed the border into the nation-state. Bosniak (2006) refers to this as the "introgression of the border: "The regulation of national boundaries is not confined to the specific domain of the nation-state's physical or territorial border but extends

into the territorial interior as well, and shapes the pursuit of democratic/equal citizenship within the national society" (p. 9). Ruiz (2002) echoes this notion: "When migrant workers cross national borders without authorization, they embody them – and are forced to re-cross the border in their everyday social encounters" (p. 38). In this sense, border experiences both precede and continue well beyond migrants' actual physical crossing of the territorial border.

In territorial and conceptual terms, borders constantly change. The signing of the Treaty of Guadalupe Hidalgo in 1848, for example, redefined nation-state territory between the United States and Mexico, resulting in the famous assertion among some Mexican Americans and Chicanos: "we didn't cross the border, the border crossed us" (Carlson, 2009). As a result, an estimated 150,000 Mexicans and 180,000 free indigenous tribes found themselves on newly declared American land (Hernandez, 2010). Conceptually, mechanisms of border control – and by extension, mechanisms of border imperialism (Walia, 2013) – have also been evolving. Border control is no longer delimited to the jurisdiction of border patrol or other law enforcement officials. In philosopher Étienne Balibar's (1998) oft-cited words: borders "are no longer at the border" (p. 217-218). They legally occupy a "variegated spectrum of spaces" (De Genova, 2013, p. 1183) both within and beyond the territorial line between the United States and Mexico; the state's sovereign power exists potentially anywhere (Vaughan-Williams, 2009). Correspondingly, the responsibility of border control is increasingly situated in the hands of private citizens (Kretsedemas, 2008; Strathern, 2000), various entrepreneurs (Castles et al., 2014; Hernández-León, 2008), and virtually any institution bureaucratically set up to monitor one's identity, legality, and by extension, illegality

(Amaya-Castro, 2011; De Genova, 2002, 2013). Ostensibly, this includes the US health care system.

Illegality and Medicalization. My first empirical chapter explores the relationship between border control and medical control. In what Timmermans and Gabe (2002) refer to as the "medico-legal" borderland, the realms law and medicine are purportedly at odds with one another[24], battling for jurisdiction of people's lives. This medico-legal borderland becomes a site of struggle that "might lead to the criminalization of actions that were previously considered medical, or the medicalization of issues under legal jurisdiction" (Timmermans & Gabe, 2002, p. 507). Scholars have provided evidence of both processes. On one hand, Hoppe (2014) illustrates how HIV, a social problem historically understood as medical, became subject to criminal law under the auspices of Michigan's HIV disclosure law. On the other hand, medicalization scholarship (Clarke et al., 2003; Conrad, 1975, 1992, 2007; Conrad & Schneider, 1992; Freidson, 1970; Illich, 1976; Zola, 1972) reveals the processes by which non-medical facets of life (e.g., homosexuality, domestic violence, and alcoholism) are defined as medical problems and subject to medical control. Further, Timmermans and Gabe (2002) contend, the struggle of the medico-legal borderland "might result in . . . the appropriation of procedures and terminologies" (p. 507). My first empirical chapter attests to this and highlights border control procedures in health care operations. In doing so, I demonstrate the health care system's role in perpetuating and regulating the terms of migrants' illegality and, by extension, exploitability. Moreover, as I elaborate in the chapter, migrants without access

[24] As indicated above, my research challenges this notion. It reveals complementarity, rather than opposition, between the realms of health care and law.

to care are left with so few options that some consider playing in state-manufactured presumptions about migrant criminality.

Deservingness and Interest-Convergence. In my second empirical chapter, I examine the care migrants receive at Justicia y Paz, a non-governmental space that operates as an extension of the health care safety net (Lewin & Altman, 2000). Within the auspices of the Catholic Worker Movement (Deines, 2008; McKanan, 2008), JyP operates with the philosophy that "all are deserving of care." Though this idea appears to be oriented toward health equity, the notion of "deservingness" implies a counterpart (i.e., that there those who are "undeserving") and is laden with moral meaning that is both "situationally specific and context-dependent" (Willen & Cook, 2016, p. 96). A critical evaluation of JyP's claim that all are deserving of care is thus merited. Deservingness at JyP – and any space that deploys a "deservingness" framework – is not given, and my empirical chapter explores what it takes for migrants to be deserving of care in this context. To guide my analysis, I draw on Derrick Bell's (1980) theory of interest-convergence, which posits that racial justice aims are not accommodated to unless such aims simultaneously benefit the white ruling elite. This theoretical framework incites critical analysis of disjunctures between proclaimed interests (e.g., to serve the poor) and actual interests (e.g., to save the poor). As others have shown (Aguirre Jr, 2000; Gillborn, 2013; Milner IV, 2008), this framework inspires evaluation of both discourses and actions. Resonating with border imperialism, the chapter illustrates that deservingness for care at JyP requires migrants subscribe to exploitative conditions conducive to their racial subordination.

Citizenship and Claims-making. In the final empirical chapter, I evaluate the care work migrant men perform one another. The framework that guides this chapter is Irene Bloemraad's (2018) theory of citizenship as a claims-making process. Scholars have theorized about and conceptualized citizenship in numerous ways, including cautious citizenship (Pedraza, Nichols, & W LeBrón, 2017), cultural citizenship (Bosniak, 2006; Horton, 2004; Maira, 2009; Ong, 1995), social citizenship (Park, 2011b) and biomedical citizenship (Pitts-Taylor, 2011). Regardless of form, citizenship carries with it tremendous significance. As Amaya-Castro (2011) put it: "As one's citizenship becomes more and more important, the person underneath that citizenship will start to melt away; from a person with citizenship, you become close to nothing without it" (p. 151). However, scholars continue to be cautious about the relevance of formal citizenship. Some assert that it does little or nothing to dismantle racialized notions of national belonging (C. Fox, 2012; Glenn, 2002; Román, 2010). Others argue citizenship as status does not always line up with citizenship as rights (Jacobson, 1996; Sassen, 2002; Soysal, 1994; Tambini, 2001). Further, the legal weight of rights mean next to nothing without the accompaniment of social environments conducive to racial, cultural, and gender belonging (Abdi, 2015; Román, 2010). The value of a citizenship as a claims-making framework is that it takes seriously the agency migrants have in articulating what these social environments can/should look like (Bloemraad, 2018). In the final empirical chapter, I examine care work as a contested domain where migrant men can negotiate social belonging. Here, migrants contend with the imperialist remnants of a racialized hierarchy of citizenship, which, as I clarify in the chapter, privilege some men's citizenship claims over others.

Methodology and Data

This dissertation is grounded in eleven months of ethnographic fieldwork with migrants living at Justicia y Paz (JyP). I supplemented this data with over two hundred informal interviews and 36 semi-structured in-depth interviews with migrants, JyP volunteers, and city employees affiliated with Houston's medical district[25]. As is typical in qualitative research designs (C. Marshall & Rossman, 2016; Taylor, Bogdan, & DeVault, 2015), I began my study with a relatively broad research question about how undocumented immigrants were navigating today's health care system. Throughout the duration of the study, however, I refined the scope of this question to center on three distinct yet interconnected levels of care : (a) Houston's medical district, (b) JyP as a non-governmental organization space, and (c) the migrant level. Ethnographic and interview methods were crucial for elucidating disparate *meanings* and *functions* of care at each level – that is, what care is and what care does.

The scope of this research necessitated a qualitative research design that particularly deploys ethnographic and interview methods. Rather than agree on a single about what ethnography is, most scholars tend to find common ground around what ethnography involves (Hammersley, 2018). Ethnography generally involves participant observation in a naturally occurring setting, engagement with different types of data (e.g.,

[25] As a supplement to this dissertation, I also managed the digitalization of subset of Justicia y Paz's Catholic Worker newsletters (N = ~30) in the Spring of 2017. With the assistance of the Minnesota Population Center and onsite support of Jack DeWaard, I led two undergraduate research assistants in scanning or retyping these newsletters. The purpose of this project was to prepare the documents for later content analysis that would explore how Justicia y Paz evolved over time – that is, since its inception in 1980. I plan to return to project at a later date.

interview data, observational data), and a detailed examination of a group of people over a period of time (Gowan, 2010; Hammersley, 2018; Hammersley & Atkinson, 2007; Holmes, 2013; Maira, 2009; Rosas, 2012). Ethnography is not the same as a case study, which centers on a single issue; rather, ethnography is holistic in focus and evaluates a range of social institutions informing research participants' lives (Hammersley, 2018; Lutz, 1981). It is well-suited as a method for gauging the meanings of behaviors (Lareau & Shultz, 2018) and examining the deeper contexts of people's lives (C. Marshall & Rossman, 2016; Yin, 2018). As a complementary method, interviews facilitate the organic development of themes not considered or apparent in ethnographic observations, and they provide participants a space to share personal stories (Lamont & Swidler, 2014; McLellan, MacQueen, & Neidig, 2003; Weiss, 1995). Accordingly, they help to clarify the meanings participants associate with their experiences and grounds these meanings in participants' unique intersectional identities and "situational knowledge" (Haraway, 1988). As the researcher, I play a co-constitutive role in participants' experiences. As in quantitative methods, my positionality (Madison, 2012) directly influences participants' actions and ideas. To address this, I attempt to practice "strong reflexivity" (S. Harding, 1992) and pivot my analytical discussions in relation to, rather than separate from, my own ever-changing positionality and epistemology (S. Harding, 1992; Smith, 1990, 1996).

Positionality. Several aspects of my positionality influenced how I participated and interacted within JyP, the first of which is spatial situatedness. Unlike live-in volunteers who engaged with JyP twenty-four hours a day and often in the middle of the night, I lived with three adults in a redeveloped condo ten minutes away, and most of my

visits to the organization were limited to weekdays between the hours of 9am to 7pm. The exception to this was a two-week follow-up with the organization in the summer of 2017, during which time I lived at the men's house. Living away from the organization was initially a result of circumstance (i.e., no room at the organization) but eventually became a matter of choice (i.e., opting to live outside the organization). The consequences of this configuration were double-edged. On one hand, this setup allowed me to maintain a level of social distance and autonomy from the organization, while on the other hand, it prevented me from nurturing uninterrupted relationships with the organization's volunteers and migrant guests. Ultimately, however, the living arrangement resulted in me being viewed as both an insider and outsider of the organization – that is, an ally, rather than member, of JyP. Volunteers and migrant guests eventually recognized me as part of the Justicia y Paz space (i.e., my insider status) and accepted my social distance from it (i.e., my outsider status). Generally, this insider-outsider simultaneity rendered me more trustworthy among both migrants and volunteers with more critical perspectives of the JyP. For example, when I explained the nuances of my volunteership to one of the men, he responded: "Yes, I know. This is why I am telling you these things," referring to a set of critiques he had just shared about the organization.

As a fair-skinned, Latinx man with a beard, my racial and gender identity were read in myriad ways, each with its own power implications. Racially I was read as white, Middle Eastern, Latinx or some mysterious "mix," and in terms of gender, as one migrant guest put it, I did not carry myself as a straight man. Many migrant guests and I shared the same phenotype, and a few were lighter than me. All my interactions were collegial. I attribute this to my white skin, gender, and volunteer status. Although the authority

vested in me was slightly different from other volunteers, I still wielded significant influence in the material and symbolic distribution of goods for migrant guests. In terms of gender, my maleness prevented me from interacting in great depth with migrant guests at the women's house. The Director of JyP repeatedly insisted that male volunteers stay within the men's house and female volunteers stay at the women's house. Accordingly, I spent most of my time at the men's house, and my analysis centers predominately on the experiences of migrant men.

An additional factor that affected my relationship with the people was language. A grandson of Mexican immigrants, my limited Spanish is the result of my family's assimilation, a euphemism for two generations of state-sanctioned cultural erasure and a violent history of widely-enforced linguistic colonization. However, like most volunteers, my Spanish fluency was good enough to begin the volunteership. Surprisingly, almost no volunteers are completely fluent in Spanish when they begin their work with the organization. Even the founders of Justicia y Paz had limited Spanish fluency when they co-founded the organization. To be sure, an array of challenges did emerge as a result of my limited Spanish, including occasional misunderstandings, but a certain level of patience and rapport was also fostered out of this. My limited Spanish matched many migrants' limited English, and together we molded as many shared meanings as we could. The process became quite dramaturgical and creative, often resulting in the use of objects, non-verbal gestures, and occasional drawings that often resulted in a mixture of frustration and laughter.

Still, I did not overestimate the implications of my limited Spanish fluency. For example, early on during my volunteership I decided to opt out of participating heavily

within the organization's clinic, recognizing the direct health care implications of misinterpretation. When I did participate in clinic triages, it was in collaboration with other live-in volunteers who wielded a greater level of comfort in Spanish and could corroborate my understanding of the health care circumstances migrant patients expressed. I limited my participation to more mundane activities during the early months of the ethnography, such as cleaning, assisting in the preparation of the organization's 42,000 bilingual newsletters[26], and weekly Tuesday morning food distributions. As the volunteership went on, my rapport with Justicia y Paz grew, along with the scope of my participation.

My religious identity also influenced the scope of my participation at Justicia y Paz. Though the organization is philosophically open to all religious (and non-religious) affiliations, many of its activities were grounded in and reflective of the Catholic faith. Although I was raised Catholic, I no longer practice it; I am an atheist. During the initial months of the ethnography, I was careful about disclosing this, opting to only share this information when asked. Notably, I was only anxious about sharing this information with other volunteers; I had no such fear with migrants. I attribute part of this disproportionate anxiety to the fact that the other volunteers (and the Director) could directly influence the parameters of my volunteership and larger ethnography. One of the migrant men, for example, warned me about asking questions that could be deemed too critical of the organization, suggesting that those who had done so in the past were asked to leave[27]. I did consider not sharing my religious identity with anyone at the organization, but this

[26] As a point of comparison, Peter Maurin and Dorothy Day ran 2,500 copies of the first "Catholic Worker" newsletter (Allaire, 2018).

[27] I eased into these conversations slowly.

somehow felt inauthentic or dishonest – like I was pretending to believe in something I didn't. I rarely participated in activities like morning prayers, and when I did, I was not sure how the volunteers regarded my presence. I did, however, attend several Wednesday night masses. Ultimately, my religious identity incited internal tension and negotiation of my own spiritual/religious identity. I acknowledge that my decision not to participate in all religious activities at JyP may have distorted, at least partially, the ways in which I understand JyP and its activities. At the same time, my "religious outsiderness" allotted a degree of social distance from the organization that allowed me to observe migrant-volunteer observations more critically.

Ethical Considerations. Undocumented migrants are a particularly vulnerable population; their legal status stigmatizes their presence in the United States and makes them susceptible to deportation. In consideration of this vulnerability, it was utmost important that I maintain the confidentiality of all my research participants, including migrants, volunteers, and others affiliated with the organization. As outlined with the University of Minnesota's Institutional Review Board (IRB), I did not maintain any digital or written record of participants' names throughout the course of the study. All names in my fieldnotes are pseudonyms, and I did not create a "master file" linking participants real and fake names. The biggest challenge of this approach is that I devoted all pseudonyms to memory. To help me remember which pseudonym pertained to who, I wrote detailed descriptors of my research participants in my fieldnotes, noting things like physique, mannerisms, and a range of demographic identifiers that I would later verify with participants (i.e., race, ethnicity, and gender). I assigned pseudonyms to participants myself, but gave interviewees an opportunity to come up with their own pseudonym if

they wished. Out of thirty-six interviewees, only two came up with their own pseudonyms.

Another ethical consideration I had while doing this dissertation pertained to how I would write about migrants' experiences. Though my research participants' confidentiality was ensured, I am conscientious of the potential misuse of my dissertation to justify and/or develop new means for governance. Nicholas De Genova (2002) clarifies this concern:

> It is necessary to distinguish between studying undocumented people, on the one hand, and studying 'illegality' and deportability, on the other. The familiar pitfalls by which ethnographic objectification becomes a kind of anthropological pornography – showing it just to show it, as it were – become infinitely more complicated here by the danger that ethnographic disclosure can quite literally become a kind of surveillance, effectively complicit with if not altogether in the service of the state. (p. 422)

Though I attempted to heed De Genova's caution, I struggled with the possibility of this research inadvertently causing harm. To address this as best as I can, I tried to clearly highlight the links between migrants' struggles and the larger mechanics of the state. In doing this, my aim was to explicitly highlight the conditionality of migrants' day-to-day choices and guide readers' attention to the state's role (and perhaps more subtly, their role) in manifesting the myriad challenges migrants confront today. Relatedly, I also attempted to write in way that actively took stock of my own assumptions and offer transparency in the development of my thinking. This mimics the approach Seth Holmes (2013) employed in this ethnography: "The simultaneous presentation of ethnography and 'Other' in the writing allows the reader to understand in clear language not only our methods but also our positionality" (p. 200). Writing in this way helped me, as the researcher, to avoid objectification of the migrants themselves. According to Trueba and

McLaren (2000), some view doing critical ethnographic research as inherently exploitative and colonizing. As in quantitative methods, ethnography has the propensity to objectify participants and essentialize their lives. As indicated above, countering this requires writing in a way that decenters but does not fully remove the researcher (S. Harding, 1992; Smith, 1990, 1996). My aim was to complement accuracy with honesty – to not only detail ethnographic observations in ways that reflect what actually occurred, but to also do so in manner that takes stock of my own epistemology and presence in the research.

A final ethical consideration that constantly negotiated during the ethnography was the degree to which I was responsible for migrants' lives. Some ethnographic settings may allow the researcher to play a more unobtrusive role in participants' lives, but within the domain of immigrant health care particularly, my role as a volunteer/ethnographer can directly influence how migrants live and die. Volunteers at JyP contend with this responsibility to a large degree – they make multiple decisions every day that could mean the difference between care and no care. As a researcher, I share this responsibility. In addition to this, I have to consider the degree to which I participate and/or condone illicit activities. Some of these activities have multiple layers of ethical complexity **(e.g., see Appendix 1)**. Others are a bit more straightforward but nevertheless considered illegal. For example, one of the men was in need of a prescription drug no longer available to him through the Harris Health District. As a result, a relative of his had the drug smuggled into the United States and sent to a nearby hotel where the man in need of the drug and I would pick it up. I did not disclose this to any of the volunteers or other migrants at the organization. Doing so may have resulted in

his and my expulsion from the organization, which could have potentially resulted in the end of my ethnography and, more importantly, the end of this man's life. Ultimately, the question underlying every decision I made as an ethnographer was: what would this this mean for migrants' lives? This reflects the necessary political dimension of my research and personal biography, which, of course, are never detached.

Participants. In order to maintain confidentiality, Justicia y Paz (JyP) does not maintain a digital record of everyone who has come through the organization. Demographically, JyP's care recipients are migrants of color while volunteers are predominately white. Between October 2015 and September 2016 (i.e., the duration of the study), most migrants (over 50%) at JyP's were from either Mexico or Cuba. Others (about 30%) were from other parts of Latin America, including Argentina, Chile, El Salvador, and even fewer migrants (about 20%) were from parts of Africa (i.e., Eritrea and Somalia) and Southeast Asia (i.e., the Philippines). However, exact numbers varied throughout time. Ranging from no formal education to doctoral degrees, the migrants that came through JyP during this period had experiences in a myriad of professions, including shrimp boat navigators, circus acrobats, lawyers, and silver-medal Olympians. Most of them were men, and no one had a steady source of income. Their ages of migrants ranged from newborn[28] to seventy-six years old.

In terms of volunteers, most were women, young adults ranging between 19 to 25 years old, and individuals who predominately identified as white. Typically, two male volunteers lived in the men's house while two female volunteers lived at the women's house. Volunteers who did not live at the organization but consistently aided in the

[28] One of the migrant women gave birth while residing at Justicia y Paz.

organization's food distributions, gardening and newsletter preparations, among other activities, were mostly white women, nearly or fully retired, and of middle class background. One of the volunteers was a child of an immigrant family that had come through JyP in earlier years. With some exception, all volunteers were expected to serve a three-month minimum commitment at JyP, have a high school diploma, be at least 21 years old, and have some "functional Spanish."

Interview Recruitment. I did not have an exact sample size in mind when beginning this research. As Cohen and colleagues (2007) note, sample size is not fixed at the outset of ethnographic research – people are expected to come and go throughout the duration of ethnographies. I did not begin inquiring about formal interviews until the third month of the ethnography. This is because I recognized the power differential between myself and the research participants, especially the migrants. It was important that I take time to establish a comfortable presence at JyP and mitigate as much as possible any sense of obligation to participate in formal interviews. My aim during initial months was to get to know individuals, develop an understanding about how JyP operated, and learn more about Houston's medical district. I also used this time to build rapport with migrants and volunteers and establish a level of comfort conducive to interview recruitment.

Recruitment for semi-structured in-depth interviews occurred organically during informal interactions. In other words, I asked individuals about the possibility of a formal interview during informal conversations and casual activities (e.g., eating lunch or walking around a park). When inquiring about an interview, I emphasized its voluntary nature. With migrants in particular, I reiterated that declining an interview would not

result in reduced services at JyP. One volunteer and one migrant declined to be formally interviewed. I did not press these individuals for reasons why they decline to be interviewed, feeling as though doing so could cause unnecessary/unethical pressure for them to change their minds. Prior to each interview, I provided participants an IRB-approved consent form[29], went over its terms, and highlighted that their identities would remain confidential. As per an IRB agreement, volunteers were asked to sign consent forms while migrants were allowed to provide verbal consent.

No strict criteria was used for interview recruitment, particularly when it came to migrants. This is due, in large part, to JyP's organizational structure. Although I intended to sample for undocumented migrants exclusively, JyP also provides care for Cubans, whose legal status offers them certain protections/benefits not available to other migrant groups[30]. The organization is explicitly intended to serve poor undocumented migrants (i.e., generally from various parts of Latin America) and Cuban parolees (i.e., Cubans who have not yet obtained legal permanent residency), and both groups became part of this dissertation's sample. Therefore, JyP is set up in a way that naturally controls for both class and legal status. Vetting for this potentially sensitive information was unnecessary, and my sample expanded to include Cuban parolees. Following others who have worked with undocumented migrants (Cornelius, 1982; Siddharthan & Ahern, 1996), I deployed a snowball sampling approach to identify more potential interviewees. Sometimes, referring participants would reach out to others on my behalf, but in most cases, I was given the name of a potentially interested individual, and I asked them about

[29] Consent forms were in both English and Spanish.

[30] This is discussed above in relation to the Cuban Adjustment Act of 1966.

the possibility of an interview myself.

Of the thirty-six individuals formally interviewed, eighteen of them were migrant guests – sixteen men and two women – and eighteen were volunteers – six men and twelve women. The gender distribution of migrant interviewees reflects my limited capacity to interact with migrant women, as per organization rules. Because my access to the women's house was limited, it took more time to develop rapport with migrant women and inquire about formal interviews; most of my interactions with migrant women occurred informally during volunteer gatherings at the women's house.

Procedure. I initially learned about and interacted with Justicia y Paz (JyP) while participating in a collaborative research project with Erin Hoekstra and Lisa Sun-Hee Park during the summer of 2014. With a research focus on the effects of the ACA for safety net providers in US states bordering Mexico (i.e., Texas, New Mexico, Arizona and California), JyP met our selection criteria as an organization that provided care to undocumented immigrants. We interviewed Margaret, the co-founder of JyP, and learned about the organization's origins and aims. I inquired with Margaret about a longer volunteership with JyP for the following year. She approved, and preparations for my ethnography at JyP began. Institutional Review Board approval was received before the study commenced.

I began my volunteership and ethnography with JyP in October 2015 and concluded it until September 2016. These eleven months were more than sufficient for addressing the scope of my overarching research question, and I reached a point of saturation in my data (Small, 2009) by about the eighth month. In fact, there is growing support for relatively shorter and more focused ethnographies that focus intensely on

details and offer theoretically-informed analytical depth (Knoblauch, 2005; Pink & Morgan, 2013). Every time I met someone new, I introduced as a graduate student from the University of Minnesota that was interested in the lives of immigrants as they navigate today's health care system. My central responsibility as a volunteer at JyP was to help set up and drive migrant men to medical appointments in Houston's medical district and government agencies that could help facilitate access to important legal documents. This was done independently and in collaboration with other volunteers. As a result, many of my conversations with migrants and volunteers occurred on route to medical appointments and in clinic/hospital waiting rooms. I also participated in a range of additional activities, including cleaning, delivering sandwiches to day-laborers around the area, using the organization's truck to pick up furniture donations and perishables from the local Food Bank, providing assistance in the organization's clinic[31], preparing newsletters[32], participating in the organization's bi-weekly morning food distributions, and replacing bedbug infested mattresses. Moreover, I joined both volunteers and migrants in several recreational activities, including eating lunch together, birthday parties, games of pool, running, visits to local state parks, baseball games, Escape

[31] I limited my participation at JyP's on-site clinic, which is designed exclusively for undocumented immigrants. Doctors from the community – mostly retirees – volunteered their time at JyP on average four times a month. I assisted other volunteers and health practitioners at JyP in checking patients in, taking vitals, and delivering/picking up prescriptions.

[32] About five times per year, JyP prepares and mails out approximately 42,000 newsletters to churches, community members and former volunteers in Houston, various parts of the United States, and other select countries.

Rooms[33], outings at the Galleria, museum visits, and movies. Though all of these activities were conducive to building a relationship with everyone at JyP, the activity helped me connect with migrants most was teaching English. I taught English at the men's house[34], twice a week for eight out of the eleven months I was there. In this capacity, I was able to establish a routine presence among the migrant men and build rapport.

I took over 200 pages of ethnographic fieldnotes, documenting migrants' experiences in a variety of spaces including JyP, hospital waiting rooms, clinic examination rooms, government offices (e.g., Gold Card offices, Catholic Charities, consulates, and embassies), day-laboring sites, and nearby parks. Most of the time, I jotted key details about interactions, settings, and individuals into my phone's "Notes" application after interactions/observations were completed. In some instances, I opted out of typing these key details into my phone and instead made "voice memos" to myself. Then, later each evening, I referenced these key details and voice memos to further detail and elaborate on the day's events and interactions into a password-protected, encrypted Word document on my computer (Emerson, Fretz, & Shaw, 2011). Subsequently, I deleted the key details and voice memos from my phone. This approach allowed me to stay present in the moment during interactions and optimize the degree to which participants felt free to say whatever and act however they liked. In other words, I wanted to maintain a casual presence with volunteers and migrants. While I understood that my

[33] Escape Rooms are places where a group of individuals are voluntarily locked in a room for one hour and tasked with solving several clues to "escape" the room before the time runs out.

[34] The women's house had English classes as well, though they were generally run by volunteers from the local community.

researcher status would have a bit of a Hawthorne effect (Swatos Jr, 2007), whereby individuals alter their behaviors because they know they are being examined, I aimed to establish interaction settings that felt more conversational and less "official." At various points throughout the ethnography, I checked my understanding and analysis of events/interactions with volunteers and migrants themselves. I did this to ensure greater accuracy of potentially opaque details and take greater stock of the ways my subjectivity and positionality inform my analysis.

As indicated above, I took my time before asking individuals whether or not they wanted to participate in formal interviews. Drawing on information I had previously gathered about Justicia y Paz during my collaborative work with Lisa Sun-Hee Park and Erin Hoekstra, I developed an interview schedule **(Appendix 2)** to guide my in interviews. In addition to relevant probing question, the schedule highlighted key themes I intended to cover during the interviews, including (a) biographical information, (b) health care experiences, (c) life in Houston and Justicia y Paz, and (d) work-related activities, and (e) relations with countries of origin. The schedule provided a general structure for me to following when conducting interviews with both volunteers and migrants. However, I did not feel compelled to stick strictly to the schedule. My aim was to remain as open to new themes and topics. I attempted to let interviewees largely dictate the direction of the interviews, circling back to key themes whenever it felt appropriate and possible. I conducted interviews in both English and Spanish, depending on the interviewee's preference. Notably, interviews in Spanish were a bit challenging because my fluency in the language was limited. Nevertheless, I was fluent enough in Spanish to understand the general ideas interviewees were conveying and keep the conversation

going. At various points during Spanish-spoken interviews, I checked my understanding of what was being said with the participant and/or asked them to clarify certain things. The analytical implications of this are discussed further below.

As others have noted (Connelly & Clandinin, 1999), interviews can incite narratives and stories. In addition to talking about the aforementioned key themes, I invited participants to share personal stories about their experiences before and after coming to Justicia y Paz. Storytelling has been widely used among sociologists (Charon, 2006; R. W. Connell, 1995; Ewick & Silbey, 1995, 1998; A. Hochschild, 1989; Leidner, 1993; Martin, 1997; Patino & Relaño Pastor, 2018; Polletta, Chen, Gardner, & Motes, 2011) and is regarded among critical race theorists a powerful tool for illuminating otherwise subtle structures of oppression (Aguirre Jr, 2000; D. Bell, 1992; Crenshaw, Gotanda, & Peller, 1995; Delgado & Stefancic, 2017; Solórzano & Yosso, 2001, 2002). Through their storytelling, I was able to assess participants' sociopolitical standpoints, epistemologies, and philosophical/religious ideologies, all of which informed the ways participants understood care, its conditions, and its potential for inciting social change.

Formal interviews with volunteers and migrants ranged between forty minutes to an hour and a half while informal conversations/interviews lasted between five minutes to two hours. Most formal interviews were audio recorded on my phone's "voice memos" application[35]. On some occasions, the interview got underway quickly, and I did not have a chance to start the recorder. In one case, the individual asked not to be recorded, preferring that I take hand-written notes instead. For everyone else formally interviewed,

[35] I transferred all audio-recorded interviews to my computer in an encrypted, password-protected folder the same night the interviews took place. After doing so, I deleted these files from my phone.

I obtained permission from the participant to record the interview. Generally, I turned on the recorder on my phone and placed it to the side of a table. I did this because I wanted to decenter my phone from the participant's focus and keep the interviews as casual as possible. When interviews were being audio recorded, I also opted out of simultaneously taking notes. Others have noted the benefits of this approach (Fetterman, 2010), indicating that it allows me as the researcher to minimize distractions and partake in active listening. I did, however, jot down notes or create voice memos about interviews after they were completed and I was no longer with the participant. These notes included details about the individuals themselves, potentially significant statements, and non-verbal cues that could supplement the interview transcriptions.

I hired a freelancer from Upwork.com to translate (Spanish) and transcribe all thirty-six of my interviews. Others have obtained transcriptions of their interviews in this way (Robinson, 1994; Roper & Shapira, 2000). The main drawback of this approach is that I was not able to stay close to the data during the transcription/translation process, resulting in the potential loss and/or misinterpretation interview data. To counter this prospect to the best of my abilities, I had possible freelancers undergo a rigorous vetting process. Upwork.com allows its users set specific contract parameters (e.g., pay and expected turn-around time) and compare applicants on a range of metrics including years of experience, portfolios of former work, previous employer ratings, and rankings among all users in Upwork.com-specific tests (e.g., "Spanish to English Translation Skills Test" and "Spanish Spelling Skills Test"). After posting my transcription/translation job, freelancers submitted their applications, detailing relevant experience and making the case for why they are qualified for the job.

I reviewed over seventy applications and shortlisted three applicants. To help me decide which freelancer to hire, I asked the shortlisted applicants to do the following: (a) elaborate on their experiences producing "verbatim" and "edited" transcriptions; (b) detail how they planned to meet the 2-month turnaround time for the project; (c) reiterate their understanding that the Upwork.com prohibits further "contracting out" of hired labor – this reflects Upwork's aim to safeguard sensitive and confidential data/work[36]; and (d) provide further samples previous translated and transcribed work. Ultimately, I hired a freelancer from Bucaramanga, Colombia who had worked as an English as Second Language teacher for over five years, had three years of translator, proofreader, and transcriber experience, and formerly done work for New York Times Journalists. They were paid in three installments – the first of every month between October and December 2016. As per my request, they provided "verbatim" transcriptions for the English interviews and "edited" transcriptions for the Spanish interviews[37]. Spanish interviews were transcribed directly into English, and all interviews contained timestamps every ten seconds.

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[36] Under condition 3.3 "Contractual Relationship Between Client and Freelancer: Confidential Information" of Upwork's "User Agreement," freelancers are expected to maintain strict confidentiality and privacy of provided materials. See https://www.upwork.com/legal#CONTRACTUALRELATIONSHIP

[37] "Verbatim" transcriptions capture word-for-word everything that is said during an interview, including utterances like "um" or "uh." "Edited" transcriptions are not word-for-word but capture the meaning and general idea of what is being said. I decided to have the freelancer do "edited" transcriptions for the Spanish interviews because of my limited Spanish fluency. The freelancer's fluency allowed them to make sense out of the possible idiosyncrasies in my questions and capture, with relative accuracy, the intersubjective meanings conveyed during the interviews.

As per IRB-approved protocol, all my fieldnote and interview data was stored on my personal computer on an encrypted password-protected folder. At the end of my data collection period (i.e., after my two-week follow up in May 2017), I copied all of my data into NVivo, a qualitative data analysis software application. As elaborated further below, I had already analyzed much of my data by this point. My aim was to use NVivo to organize and manage my data more effectively. Accordingly, I reviewed and coded all of my uploaded data with broad themes like "racial tensions," "health care morbidity," "labor," and "organization activities." A fuller discussion of my coding process is detailed in **Appendix 3.** I also used NVivo to compile specific case information about every participant in my study. This allowed me to reference specific case files later in the writing process. I could, for example, click on the case file for Jose, an undocumented Mexican man and the manager of the men's house, in order to pull up everything pertaining to Jose collected throughout the duration of the ethnography.

Analysis. Three interconnected forms of qualitative data analysis were useful for this dissertation: thick description, critical discourse analysis, and critical narrative analysis. First, I did thick description (Geertz, 1973, 1975; Holloway, 1997; Ryle, 1971; Schwandt, 2001) when writing my ethnographic and post-interview fieldnotes. As is characteristic of qualitative-based research (C. Marshall & Rossman, 2016), the aim of my study is not generalizability, but depth[38]. Thick description involved writing detailed accounts about observations, interactions, and events, along with the broader sociopolitical and/or ideological contexts in which these dynamics occurred. For

[38] My research is not intended to be representative of all immigrant health care dynamics outside of Justicia y Paz and Houston, Texas. However, its deeper, multi-level analysis of care can inform future research in other locales.

example, when I wrote about migrants' and JyP volunteers' interactions and experiences with one another, I also included thorough notes about the ways one or both groups made reference to the Catholic Worker Movement. Through thick description, I was able to capture how, why, and to what degree the Catholic Worker Movement influenced migrant-volunteer (inter)actions and the ways they conceptualized "care" at Justicia y Paz (JyP). In short, thick description helped me contextualize migrants' experiences as they negotiated care in Houston's medical district and JyP.

Second, I conducted a critical discourse analysis of migrants' interactions with (a) medical district employees/affiliates, (b) JyP volunteers, and (c) other migrants. Like thick description, critical discourse analysis directs the researcher's attention to the active process of meaning-making (Van Dijk, 1993; Wodak & Meyer, 2013). Rather than attempt to document and link participants' intentions, meanings, and actions, as thick description does (Denzin, 2001; Ponterotto, 2006; Ponterotto & Grieger, 2007), critical discourse analysis focuses on the ways verbal and nonverbal (i.e., including textual) social interactions incite meanings that challenge and/or reinvigorate structures of power. For example, this was particularly useful for my last substantive chapter, which focuses on migrant-level care (i.e., the care migrant men provide to one another at the men's house). A critical discourse of analysis of the men's interactions with one another highlighted who could make claims about the meanings of care, why they did so, and how. With relation to the medical district (i.e., my first substantive chapter), interactions between migrants and medical district practitioners (e.g., health professionals, waiting room attendants, social workers, and, to an extent, informal home care workers) highlighted the extent to which health care continues to be commodity (and mechanism

of migrant illness commodification) in today's period of burgeoning private medicine.

Lastly, critical narrative analysis was especially useful for decentering my subjectivity/positionality as a researcher and having migrants' lived experiences operate as the core of my dissertation. Poised as an interdisciplinary approach, "critical narrative analysis seeks to describe the meaning of experience for those who frequently are socially marginalized or oppressed, as they construct stories (narratives) about their lives" (Marshall & Rossman, 2016, p. 22). As feminist, postcolonial and critical race theorists have highlighted (S. G. Harding, 1987; Ladson-Billings, 2005; LeCompte, McLaughlin, & Tierney, 1993; Matsuda, Lawrence III, Delgado, & Crenshaw, 1993), the epistemologies of multiply marginalized populations have often been relegated to the margins of mainstream social science research. Critical narrative analysis helps to center these otherwise marginalized epistemologies. In my dissertation, migrants' stories, epistemologies, and experiences acted as the driving forces of my analytical critiques (i.e., about Houston's medical district, and Justicia y Paz). For example, stories about their experiences with Houston's medical district laid the foundation for a broader critique of the entire US health care system and its relationship to illegality. In brief, all three forms of qualitative data analysis contributed to a holistic evaluation of migrants' lives as they navigated different spaces (i.e., Houston's medical district and JyP) in search of care.

Although common in qualitative research, I did not employ a grounded-theory approach (Glaser, 1992, 1998; Glaser & Strauss, 1967) to engage my data. From a grounded theory perspective, data is observed broadly, and generalizations from the data are used to inform the production of new theories. Rather, I decided that Burawoy's

(1998) "extended case-method" would be more appropriate for this research. Burawoy (1998) indicates: "The extended case method applies reflexive science to ethnography in order to extract the general from the unique, to move from the 'micro' to the macro,' and to connect the present to the past in anticipation of the future, all by building on preexisting theory" (p. 5). In this dissertation, I drew on Harsha Walia's (2013) theoretical framework of border imperialism to place migrants' experiences of health care exclusion, negotiations around deservingness, and strategies toward social belonging in conversation with the capitalist and imperialist mechanics of today's health care system. In short, an extended-case method approach helped me use the particularities of migrants' experiences to develop a critique about broader relationship between care and the state. As Wilson and Donnan (1998) put it: "The anthropological study of the everyday lives of border communities is simultaneously the study of the daily life of the state, whose agents there must take an active role in the implementation of policy and the intrusion of the state's structures into its people's lives" (p. 4). This research extends Walia's border imperialism by illustrating the ways in which care itself operates like a border – a site where the racialized terms of illegality are regulated, (re)produced, and contested.

Informed by theory, my data collection, analysis, and writing occurred simultaneously, rather than sequentially. To be sure, qualitative data analysis is an active process that involves a back-and-forth between documentation and theoretical evaluation. Accordingly, my ethnographic and post-interview fieldnotes do not simply provide an account of migrants' experiences. They also serve as a record of my analytical thinking at the time data were being collected. Adopting a monkey metaphor, Abbott (2014: 22) calls this technique "brachiation," where the researcher swings back and forth between the

data and analysis. With each swing, the researcher develops a sharper and more theoretically informed understanding of the social phenomena being examined. In my dissertation, the constant interaction among my data collection, analysis and writing culminated in a critical representation of care and its relationship to the state.

Strengths and Weaknesses of my Empirical Approach. My empirical approach has strengths and weaknesses. A major strength of my employed methods is that they allowed me to observe the mechanics of oppression and justice as they were happening. If I had employed quantitative methods, I would not have been able to document health practitioners' decision-making processes, the ways volunteers handled new and unexpected challenges, or the variety of things migrants had to consider when trying to figure out a way to access care. Another strength of my methods is that they enabled my participation in research participants' lives. The benefit of my participation is that I was able to directly contribute to the JyP's activities. I provided support to the Catholic Worker Movement and, in turn, helped to benefit the lives of hundreds of undocumented migrants in the Houston metropolitan region. This is perhaps the most intrinsically rewarding benefit of ethnographic methods. Among other activities throughout the duration of my ethnography, I had the opportunity to deliver food to hundreds of day-laborers, help JyP mail out thousands of newsletters, and provide company to with migrants in clinic/hospital waiting rooms, sometimes for hours. Relatedly, a final strength of my empirical approach is that it enabled personal connection. Ethnographic and interview methods facilitate a level of closeness otherwise difficult to accomplish with quantitative methods. I personally connected with several individuals – volunteers and migrants alike. We shared concerns over today's political environment, served as

confidants for one another, and became part of each other's personal lives.

There are, however, limitations or weaknesses to my empirical approach. One weakness of my approach is that my findings are not necessarily generalizable to the broader migrant population. As is characteristic of qualitative methods (C. Marshall & Rossman, 2016), my sample size is relatively small (N = ~250)[39] and predominately made up of migrants from Latin America. Asian, African, and European populations, whose experiences with dynamics like citizenship and deservingness are expected to vary widely, could not be fully examined measured at JyP. As a result, the theoretical implications of my work mostly pertain to Latin American populations, namely from Mexico and Cuba. A related weakness of my empirical approach pertains to gender. In employing ethnographic methods, much of my access to research participants was dictated by the organization itself. As previously indicated, organizational rules restricted my interactions with migrant women. Accordingly, I could not fully assess migrant women's conceptions of care, their experiences with the health care system, or their relations with migrant men. The implication of this is that my analyzes of care work, reproductive health, and gender are limited. A final weakness of my empirical approach has to do with my limited Spanish fluency. Though I knew enough Spanish to initiate and maintain conversations/interviews, I acknowledge that much can be lost in translation. As described above, I attempted to mitigate the effects of this as much as possible, both during data collection and analysis.

Dissertation Overview

[39] This number reflects my 36 semi-structured in-depth interviewees and the more than 200 individuals I spoke with on an informal basis.

In Chapter 2, I explore how migrants' legal statuses shape and get shaped by their interactions with Houston's medical district. While previous research has attended to how the health care system in the U.S. reinforces the terms of border legality, I focus on how it regulates migrants' illegality, and by extension, exploitability. I center my analysis on three state-sanctioned border control operations – denial, detention, and deportation. I discuss (1) the bureaucratic mechanisms set in place to *deny* undocumented migrants basic medical care; (2) the function of informal, medically unaccredited personal care homes in *detaining* the most ill; and (3) the ways in which the medical district facilitates migrants' erasure from the US nation-state (i.e., *deportation* by death). Extending Peter Conrad's theory of medicalization, this chapter illustrates how migrants' illegality can become a subject of medical control without ever being defined a medical problem.

In chapter 3, I examine how migrants convey their deservingness for care. Referencing ethnographic experiences and interviews with migrants and volunteers at Justicia y Paz, this chapter illuminates how NGOs with health equity aims can reproduce healthy disparities. I use Derrick Bell's theoretical framework of "interest-convergence" to inform my analysis, finding that undocumented Latinx migrants' deservingness for care depends on their racialization as migrant workers and welfare-dependent. Accordingly, this chapter contributes to the literature on immigrant deservingness in equity-oriented NGO contexts.

In chapter 4, I evaluate what care means to migrant men who provide care to one another. JyP offers a unique, though understudied, context where migrant men from various nations are allocated significant agency in determining what their care for one another looks like. Drawing on Irene Bloemraad's (2018) conceptualization of citizenship

as a claims-making process, I find that caregiving is a domain where migrant men contest the gender, racial, and legal terms of their social belonging. Through their care for one another, they are able to, though do not always, challenge hegemonic masculinity and the state's rigid vision of migrant personhood as fundamentally linked to legality.

In my conclusion, I summarize my dissertation's key findings and elaborate on its central theoretical and practical implications. Then, I succinctly compare the US health care system to other health care systems around the world. Lastly, I discuss directions for future research and conclude with a thought about today's pervasive focus on health care access.

Chapter 2 – Medicalization of Illegality: How the US Health Care System Operates as a Mechanism of Border Control

Imagine the border. Amidst pervasive political rhetoric, "the border" often brings to the fore of our imaginations the image of an arid US-Mexico desert with a tall, impenetrable, skeletal wall. Border patrol officials are imagined in dark green uniforms with sunglasses a thousand shades black. Their white and green vehicles send dust into the air as they scan the desert for brown bodies, perhaps Salvadoran, possibly Honduran, but in their minds always Mexican. Prompts to think about "the border," however, do not generally lead to the imagery of a hospital or medical system. Hospital exteriors are clean, glossy, and perhaps embraced by colorful arrangements of flowers. Inside, phones are ringing, patients are bleeding, and doctors are always healing, their white coats conveying a gentle reminder that they have vowed to "do no harm." Intuitively, border control and the health care system are understood as incompatible. With the lives of approximately 11.3 million undocumented immigrants at stake (Rosenblum & Ruiz Soto, 2015), this chapter challenges this seeming incompatibility.

Empirically grounded in eleven months of ethnographic observations and interviews with health practitioners and undocumented migrants seeking health care in Houston, Texas, this chapter illustrates affinity between border control and Houston's medical district. Borders are understood as spaces that control and regulate illegality, the spatialized, sociolegal condition and juridical status that places undocumented immigrants in a constant state of deportation that makes their labor power manageable and exploitable (Corcoran, 1993; Coutin, 2000; De Genova, 2002, 2004). By contrast, health care systems are conceptualized as spaces address the biomedical consequences of health disparities. Medical sociologists and immigration scholars have examined the

relationship between illegality and health disparities in two ways. For medical sociologists, illegality tends to be measured in terms of citizenship or immigration status and is generally examined as a social determinant of health (Collins, Jimenez, & Grineski, 2013; Derose, Escarce, & Lurie, 2007; M. A. Flynn, Eggerth, & Jacobson Jr, 2015; Marmot, 2005; Marmot & Wilkinson, 2005; Ortega et al., 2007). A plethora of scholarship is dedicated to this line of inquiry, focusing on questions of health care access (Berk et al., 2000; Browne, 2014; Clough et al., 2013; Footracer, 2009; La Parra & Angel Mateo, 2008; Mohanty et al., 2005; Nagi & Haavio-Mannila, 1980; Park, 2011b, 2011a; Razum & Bozorgmehr, 2016; Siddiqi et al., 2009; Song et al., 2010; Stimpson et al., 2010; Viladrich, 2012). In short, this thread of work illustrates a relationship where illegality results in adverse health outcomes.

On the other hand, immigration scholars have demonstrated an inverse relationship where adverse health justifies the legal exclusion and expulsion of undocumented immigrants. For example, migrants have been medically quarantined at the US-Mexico border for not being "healthy enough" to enter into the United States (Hernández, 2008; Markel & Stern, 1999; Molina, 2006; Stern, 2005; Waitzkin, 2000), and they have also been medically deported from hospitals when the cost of their long-term care becomes a financial burden to hospital systems (Horton, 2004; Park, 2018; Sontag, 2008; Wolpin, 2009). This line of scholarship therefore reveals the ways in which health disparities reinforce and justify conditions of vulnerability and deportability inherent in illegality (De Genova, 2002). Combing these two threads of scholarship, the work of medical sociologists and immigration scholars illustrates a dialectical relationship between illegality and health disparities. I evaluate this relationship in

Houston, Texas, home to the largest medical district and second highest concentration of undocumented immigrants in the country. Accordingly, I seek to answer the question: *how does illegality shape and get shaped by undocumented migrants' experiences with Houston's medical district.*

To frame this research, I draw on the conceptual and theoretical contributions of multiple scholars. First, I reference Nicholas De Genova's (2004: p. 177) "border spectacle" as a conceptual guide for understanding border control and its relationship to (il)legality. Despite popular and political rhetoric, border control is not strictly about exclusion and restriction; it also about regulation. The "border spectacle" consists of two sides: a "scene of exclusion" – the rugged, explicit tough-on-immigration stance that advocates for strict policies of deterrence and expulsion – and an "obscene of inclusion" – the arcane, less visible imperative to create and regulate vulnerable, exploitable migrant labor (De Genova, 2004). On one hand, the "scene of exclusion" is about enforcing legality, deploying state-sanctioned border control operations – denial, detention, and deportation – to reify the legal terms of citizenship and authorized residency. On the other hand, the "obscene of inclusion" is about deploying these same border control operations to regulate the terms of illegality – that is, the modes by which undocumented immigrants may be exploited.

All three border control operations – denial, detention, and deportation – are visible and legally enforceable within the domain of medicine, reflecting the border spectacle's "scene of exclusion." Provisions in the 2010 Affordable Care Act, along with previous federal welfare and immigration legislation – the 1996 Personal Responsibility and Opportunity for Work Reform Act (PROWRA) and 1996 Illegal Immigration

Reform and Immigrant Responsibility Act (IIRIRA) – ensure undocumented migrants' legal ineligibility for health care coverage, resulting in denial of care and, in post-emergency cases where long-term care is necessary[40], medical deportation (Park, 2018). Synonymously, Texas state quarantine laws during the early 1900s allowed U.S. Public Health Service and Immigration and Nationalization Service (INS) officials to medically screen and detain migrants at the Southern border, permitting those deemed "healthy" to enter into the United States only after being branded in permanent ink with the word "admitted." (Stern, 2005). Together health care denial, medical quarantine, and medical deportation reflect the health care system's capacity to legally enforce migrants' exclusion. But what about the other side of border control – that is, the "obscene of inclusion"?

To my knowledge, no scholarship to date has addressed how the health care system takes control of and regulates the terms of migrant's illegality and exploitability. This chapter does. It addresses this gap in the literature and illustrates how illegality itself becomes subject to medical control – that is, it elucidates the manner by which illegality is medicalized. Receiving wide attention among medical sociologists and scholars interested in the mechanics of medical social control (Clarke et al., 2003; Conrad, 1975, 1992, 2007; Conrad & Schneider, 1992; Freidson, 1970; Illich, 1976; Zola, 1972), medicalization denotes the "process whereby more and more of everyday life has come under medical dominion, influence and supervision" (Zola, 1983, p. 295).

In order for something to be medicalized, it must be defined as a medical problem

[40] The federal 1986 Emergency Medical Treatment and Active Labor Act requires hospitals to treat individuals in life-threatening situations regardless of ability to pay and legal status.

(for an overview of the medicalization process, see Conrad & Schneider, 1992, pp. 266-271). Claims-makers – those in professional and/or political positions of power – are key actors in these processes (Conrad & Schneider, 1992; Spector & Kituse, 1977). Sometimes physicians have acted as claims-makers in the medicalization process – such as for menopause (S. E. Bell, 1990; McCrea, 1983), child abuse (Pfohl, 1977), hyperactivity (Conrad, 1975), and behavioral pediatrics (Halpern, 1990; Pawluch, 1983). Other times, however, physicians are not directly involved, as illustrated in the cases of alcoholism (J. W. Schneider, 1978) and opiate addiction (Conrad & Schneider, 1992). As Conrad and others note, the purveyors of medicalization are changing, and claims-making processes are increasingly driven by a coalescence of market interests infused with the political economy (Clarke et al., 2003; Conrad, 2005; Conrad & Leiter, 2004). Responding to Conrad's (2005) call for analyzes of medicalization that synergize social constructionist and political economic perspectives, I use ethnography to place undocumented immigrants' experiences with Houston's medical district in conversation with the larger political economic structures of the immigration and health care industries.

The health care industry is generally regarded as distinct from the state. In this chapter, I argue that the two are inseparable. Many public health and reproductive rights scholars have highlighted connections between health care and the state (Hartmann, 1995; Luibhéid et al., 2018; Paltrow & Flavin, 2013; Park, 2011b; Roberts, 2014). Building on their work, I contend that the health care system extends the reach of the state in regulating how immigrants live and die. Centering on the experiences of low-income undocumented men whose experiences are representative of those from which

this study is based, I ethnographically illustrate and discuss the consequences of: (1) the bureaucratic mechanisms set in place to *deny* undocumented migrants basic medical care; (2) the function of informal, medically unaccredited personal care homes in *detaining* the most ill; and (3) the ways in which the current configuration of immigration and health care legislation allows for migrant death and facilitates their erasure from the US nation-state (i.e., *deportation* by death). Underlying each operation, from denial and detention to deportation, is a regulatory logic focused on protecting and promoting capitalist interests, both in terms of maintaining the exploitability of migrants' labor power and redirecting state costs associated with migrant illness.

At the center of this regulatory logic are considerations around migrants' legibility – that is, the ways in which their legal existence is visible and thereby manageable to the state. Irrespective of their form – real, counterfeit or expired – IDs are key here. With an ID, undocumented migrants' movements, actions and participation in the (informal) labor market can be tracked and managed, reflecting what I refer to as *legible illegality*. Such legibility qualifies undocumented migrants for the *potential* of health care support (e.g., Harris County's health financial assistance plan[41]) and subsequent specialty care (e.g., surgery and dialysis). Without an ID, undocumented migrants experience what Susan Coutin (2000) refers to as "legal nonexistence," which reduces them to their "illegal" statuses where they confront social death (Cacho, 2012; Patterson, 1982). Akin to Agamben's (1998) "homo sacer," social death reflects migrants' ineligibility for personhood where their mortality – ostensibly a result of their denied health care – is rendered neither a hospital failure nor a legally reprehensible

[41] Formerly referred to as a "Gold Card."

crime. I introduce the concept of *illegible illegality* to refer to the sociolegal condition where undocumented migrants' legal identities are invisible, unmanageable, and subject to the violences imbued in legal nonexistence. When their illegality is illegible, their access to health care is delimited to non-governmental organization (NGO) networks of charity care[42] and emergency care (Park, 2018), and their labor is extracted up to the point that their health completely fails. In short, legibility dictates how illegality is regulated vis-a-vis the health care system.

An analysis of the ways illegality becomes subject to medical control is important for two reasons. First it illustrates the changing relationship between the welfare and carceral state. The state, in Bourdieu's (1998) parlance, is "the site par excellence of the concentration and exercise of symbolic power" (p. 41). For Bourdieu, the state is a "bureaucratized field" where governance is horizontally codified into welfare (the left hand of the state) and carceral (the right hand of the state) operations. Wacquant (2009) nuances this. Unlike Bourdieu, who perceives the hands of the state as separate, Wacquant insists on their complementarity and eventual convergence. This research exemplifies the merging of the welfare and carceral state, illustrating how health care (i.e., the welfare state) operates as a mechanism of border control (i.e., the carceral state). Second, when illegality becomes a subject of medical control, it becomes governable under the logic of modern medicine – that is, in addition to the logic of the carceral state. In Foucauldian (1975) terms, this means that the terms of migrants' exploitability can be configured and legitimated in relation to a clinical science (i.e., medicine) with its own "domain of experience and structure of rationality" (p. xv). Each jurisdiction of

[42] I discuss this in the next chapter.

governance (i.e., border control and health care) subjects individuals to certain modes of exploitation; undocumented immigrants in need of health care potentially confront modes of exploitation inherent in both of these jurisdictions.

Health Care in Houston, Texas

The introduction of this dissertation elaborates on the state of immigrant health care in the United States today. Most undocumented immigrants seek medical services from the health care safety net (Staiti et al., 2006), which consists of public hospitals, federally qualified health centers, charity clinics, community health centers and any non-profit or non-governmental organizations that serve indigent populations without regard for ability to pay (Lewin & Altman, 2000). However, as a result President Obama's Patient Protection and Affordable Care (ACA) continue to unroll, the health care safety net is shrinking (Andrulis & Siddiqui, 2011), leaving undocumented migrants fewer options for health care than ever before. Therefore, accessing care within safety net practitioners in spaces like Houston's medical district is becoming increasingly exceptional.

This chapter centers on undocumented immigrants' limited interactions with the Harris Health System (HHS) in Houston, Texas, the largest medical system in the country. Formerly known as the Harris County Hospital District, the HHS serves as a teaching system for The University of Texas Health Science Center at Houston (UT Health) and Baylor College of Medicine. It is made up of eighteen community health centers, five school-based clinics, five same-day clinics, a dialysis and dental center, mobile health units, three multi-specialty clinics, a rehabilitation hospital, a Level 1 trauma center (Ben Taub Hospital) and a full service acute-care hospital (Lyndon B.

Johnson Hospital) ("Harris Health," 2018). For Harris County residents, one of the system's most championed programs is its annually-renewable financial assistance plan called the "Gold Card." The Gold Card is not intended to be a permanent alternative to health care insurance, and recipients are expected to apply for and transition into Medicaid, Temporary Assistance for Needy Families (TANF) and/or Supplemental Security Income (SSI) at some point, which undocumented immigrants are ineligible for. The Gold Card covers up to 100% of expenses incurred within the Harris Health System, depending on the plan individuals qualify for[43]. This includes mental health services and prescription medications. Because the majority of undocumented immigrants have no source of steady income, most of them are eligible for the Gold Card's "Plan 0," making them unaccountable for any medical expenses. In order to qualify for the Gold Card, however, individuals need three proofs: (1) residency, (2) income, and (3) identity.

For most migrants, all three proofs pose a significant challenge (Heyman, Núñez, & Talavera, 2009; Portes, Fernández-Kelly, & Light, 2012; Portes, Light, & Fernández-Kelly, 2009). In terms of residency, many migrants do not have apartment leases, utility bills, school records or other official documents with their address and names. Proof of income poses another challenge. Migrants routinely engage in informal types of labor where they do not receive official pay stubs, tax forms or state records reflecting their annual income. Proof of identity presents another problem. State issued driver's licenses, employee badges, student IDs, US immigration documents, passports, and foreign consulate ID cards serve as valid proofs of identification, so long as they have individuals' pictures on them. If someone does not have one of these, they need two of

[43] Benefits are governed by a 5-tiered system on the basis of income.

any of the following: birth certificates, marriage licenses, hospital records, adoption papers, current Harris County voter cards, check stubs, social security cards, and Medicaid/Medicare cards. For migrants who have lost or had their legal documents stolen and have no connections back home to obtain new documentation (i.e., via local consulates or embassies), proof of identity poses a significant challenge.

Fortunately, local organizations like Justicia y Paz[44] (JyP) do what they can to help undocumented immigrants navigate Houston's health care terrain. JyP is a non-governmental organization that provides care exclusively to undocumented immigrants and runs entirely on volunteer labor and community donations. In addition to assisting in Gold Card applications, JyP provides a range of services, including volunteer-based primary health care, financial support for upwards of 125 migrant families in need of personal care home assistance, and temporary gender-segregated shelter for a range of thirty to a hundred immigrants from Latin America, Africa and Asia each year. Additional services include coordination with other community organizations, weekly food and clothing distributions, daily delivery of brown-bagged lunches to day-laborers and the homeless, and bi-weekly ESL courses. In line with the Catholic Worker Movement (Zwick & Zwick, 2005), which guides the organization's activities, the overarching aim of JyP is to serve the poor and essentially treat all who come to the organization as a Christ-like figure deserving of care. The ethnography from which this research is based begins at Justicia y Paz[45].

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[44] With the exception of hospitals and community clinics, all organizational/personal names are pseudonyms.

[45] A more elaborate description of Justicia y Paz and the Catholic Worker Movement is provided in Chapters 1 and 3.

Methods: A Brief Recap[46]

This research is empirically based on an 11-month ethnography with Justicia y Paz. In addition to ethnographic observations, I conducted over 200 informal interviews with migrants and volunteers that came through the organization and 36 semi-structured in-depth interviews, half of which were with migrants residing at JyP, and the other half of which were with volunteers affiliated with JyP or Houston's medical district. Ethnography allowed me to observe and participate in interactions among undocumented migrants, volunteers, and medical district health practitioners while interviews helped to clarify the meanings of these interactions for individuals. In this section my dissertation, I analyzed the relationship between migrants[47] and Houston's medical district to extrapolate to a discussion of the links between medical and border control.

Health Care as Border Control

Undocumented migrants experience Houston's medical district in ways akin to border control. Beyond enforcing the conditions by which denial of health care is legally permissible, Houston's medical district sustains, rather than remediates, migrant vulnerability and plays a central role in regulating illegality. In doing so, Houston's medical district ultimately protects and advances the intersecting capitalist interests of health care and immigration. I demonstrate this in three analyzes that respectively attend to border control's three central operations – denial, detention, and deportation. Drawing on De Genova's (2004) "border spectacle" as a conceptual framework, the triad of these

[46] I provide a broader discussion of my methods in the introduction of the dissertation.

[47] Predominately migrant men. As per the request of JyP's director, Margaret, I spent most of my time in the men's section of the organization.

operations are expected to be both exclusionary and regulatory. Building on scholarship that focuses on immigrant health care exclusion, this analysis centers on immigrant health care regulation to illustrate how illegality not only shapes but is shaped by undocumented immigrants' experiences with Houston's medical district.

Denial: Introducing Legible Illegality. Denial represents what is often imagined as the first operation of border control – though this is not always the case. The state denies immigrants a variety of things including entry into the United States, visa status adjustments and renewals, and petitions for asylum. Within the domain of medicine, denial generally pertains to questions of health care access and presumed legality (i.e., being documented). However, this analysis challenges this presumption and highlights the importance of legibility (i.e., being recognizable to health care practitioners in particular ways). During the course of my ethnography, I drove multiple men to medical appointments throughout Houston's medical district. The following vignette depicts a typical interaction migrants and I had while seeking health care service:

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Adrian, a 41-year old undocumented immigrant from Matamoros (Mexico), and I hovered over the registration desk at Houston's Lyndon B. Johnson General Hospital, eager to see a doctor for the approval of a long-overdue hernia surgery.

"I'm going to need an ID and insurance card," the clerk says, not knowing exactly who to direct her attention to.

Adrian hands her a Consular Identification Card (CID) issued by the Mexican Government and a signed piece of paper verifying his approval for plan "0" of Harris County's financial assistance plan, formerly referred to as the Gold Card.

"Great!" the clerk smiles, handing the documents back to Adrian. "The doctor will be with you shortly."

His hernia surgery would later be approved, meaning that in only a few short months, he'd be able start working again and move out of Justicia y Paz,

Later that same day, I took Rodney, an Honduran in his mid-forties, to the Danny Jackson Community Health Center, a small clinic part of the Harris Health System. Like Adrian, Rodney needed hernia surgery, and his symptoms appeared more severe than Adrian's. Rodney could not lift anything at all. Doing so would cause him severe stomach pain, and if he pushed it too far, his intestines could explode.

We walked into the clinic and approached a woman with glasses at the registration desk.

"Hello," I say, "We have an appointment at 1:00 today."

"Alright," the clerk begins and in routine fashion continues, "I just need to see an ID and registration please."

Rodney hands her his Gold Card approval and a letter from Justicia y Paz asserting that Rodney is who he says he is. He has no official identifying document – no school ID, passport or birth certificate. Nothing.

"What is this?" the clerk's asks. Rodney looks at me to answer.

"This is an 'Agency Letter'" I explain, "The Harris Health representative that issued Rodney his Gold Card said that we could use this in place of an ID."

The clerk is not convinced. She shakes her head.

"I'll be right back," she tells us, walking into a nearby room with the letter in hand. After a minute, she returns, continuing to shake her head. "I'm sorry, I just talked to my supervisor and we can't accept this. We cannot check him in without an ID."

"I understand," I say, "but it has taken us over a month to get an appointment and we were under the impression that with a Gold Card, this Agency Letter would suffice."

Rodney enters the conversation, "So there's nothing you can do?" directing his question to the clerk.

"I'm sorry," she responds. "Without an ID, I can't check you in for your appointment."

"Do you have any suggestions?" I ask. "We really need to see a doctor."

"I can't help you," she responds. "I'm sorry."

Rodney and I leave the clinic and sit with our backs against the shaded side of clinic.

"I knew this was going to happen," Rodney tells me. "I can't work, man. I don't know what to do."

"I know," I respond. "We'll have to try another clinic." I pull out my cell phone and call Harris Health System's appointment center. After about twenty minutes, I am able to set up another appointment for Rodney at the Casa de Amigos clinic, though it wouldn't be for another two months. I inform Rodney.

"Thanks man," Rodney says without a smile. "I'm tired of this shit, man. It's probably going to be the same thing. It's not going to work."

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As this vignette highlights, illegality does not automatically lead to denied health care services. Borrowing from crimmigration frameworks that essentialize the link between undocumented status and criminality (Aas, 2011; Arriaga, 2016), popular and political rhetoric generally conceptualize illegality as a hidden sociolegal condition that can have dire consequences if "found out." Commonplace phrases like "bringing undocumented immigrants out of the shadows" or "get right with the law[48]" serve to reify this conceptualization. However, as others have noted (Coutin, 2000; De Genova, 2002) and as the vignette illustrates, illegality is actually always present. As Coutin (2000) asserts: "On a day-to-day basis, illegality may be irrelevant to most of [undocumented migrants'] activities, only becoming an issue in certain contexts" (p. 40). In the context of health care, the vignette illustrates that illegality is inconsequential unless it is illegible. Although both Adrian and Rodney are undocumented, only Rodney – the man without an ID – is denied health care services. Rather than being denied on the basis of legality (i.e., his undocumented status), Rodney's restricted care results from a lack of legible identifiability (i.e., an ID).

Adrian's ID allows him to get his hernia treated irrespective of his illegality. Whether real or counterfeit, the photo ID is what makes Adrian legible to the state, and as long as he is legible to the state, he is manageable, constituting what I refer to as *legible illegality*. There are two caveats to legible illegality. First, as long as Adrian has an ID, every document he puts his name on (e.g., apartment lease, hospital form, etc.) can be traced back to a legal identity, even if this identity is not, in a sociopolitical sense, real.

[48] President Obama used this language during his announcement of a proposed executive action around immigration reform on November 20, 2014.

This reflects the scope of modern-day illegality regimes where a range of social institutions become checkpoints for identity control (Amaya-Castro, 2011). The bureaucracy of the health care system requires those seeking care to first pass a clerical line of insurance-processers and identity-examiners before seeing actual caregivers (Fernández-Kelly & Portes, 2012). In this way, the clerical line acts as the center of medical border control. Although health practitioners are charged with "doing no harm," the clerical line prevents them from doing any good. Second, legible illegality reflects the state's imperative to only protect 'manageable' labor. Following De Genova (2002), illegality does not mean that undocumented immigrants are automatically deported. Rather, it creates a condition of deportability that places them under constant threat of deportation, and this threat of deportation makes them subject to different forms of exploitation. The health care system addresses Adrian's health care needs on the condition that his illegality – and by extension, exploitability – can be managed, traced, and regulated.

For Rodney, his hernia will not be treated because his illegality compounds with illegibility. When undocumented migrants like Rodney do not have an ID, they operate their day-to-day lives with *illegible illegality*, the sociolegal condition wherein migrants' legal identities and labor exploitability cannot be tracked, controlled, or managed. Illegible illegality a precondition to what Susan Coutin (2000: p. 27) calls "legal nonexistence" – a state of subjugation where undocumented migrants might exist physically but not legally, resulting in potential restrictions in social services and erasure of personhood. Because Rodney does not have an ID, his legal nonexistence is authenticated, and his hernia becomes irrelevant within the domains of law and medicine.

Conversely, Adrian's legible illegality means he can be both legally existent and nonexistent at the same time. That is, he can enjoy the medical protections of the state because he has an ID while simultaneously remaining beholden to the state's terms of exploitation because he is undocumented.

The strive for immigrant health care, therefore, is a struggle for legibility. This is also apparent in the case of Pedro, an undocumented 76-year old man from Acapulco (Mexico). When I began my ethnography at Justicia y Paz (JyP) in October of 2015, Pedro had already been at the organization for two years. He was well-liked among the other men and constantly made jokes to keep the environment light. The health problem Pedro faced was an abnormality in his urinary tract. In months prior to my arrival at JyP, he had obtained a Foley catheter from the Ben Taub emergency room in order to regulate his bladder. However, Pedro had visited the emergency room multiple times to get the catheter replaced, accumulating medical debt that the hospital knows will never be repaid. In the third month of my ethnography, the hospital informed Pedro that they would no longer see him unless the situation actually became life threatening. He could have the urinary problem fixed with surgery, but like Rodney, the problem is that he has no photo ID and no family to reconnect to in Mexico to obtain one.

The consequences of not having an ID are detrimental and lead to a domino effect of exclusion. Because Pedro has no ID, he is denied access to a primary care provider (PCP), and because he cannot see a PCP, he cannot obtain a referral for a specialist or surgeon to fix the underlying problem of his urinary tract abnormality. This means Pedro has no other choice than to wait for his urinary problem to turn into full-blown kidney failure, at which point his condition might be considered a life-threatening emergency

that merits entry into the emergency room. If Pedro survives this domino effect of exclusion, he will forever require dialysis and long-term care, both of which are not readily available to undocumented migrants. This is detailed in the next section. At this point, it is important to recall that this domino effect of exclusion results not solely on the basis of his legality, but also his illegibility (i.e., his lack of ID).

Migrants in positions like Pedro's have little recourse for health care access; one alternative that Pedro considers is criminality. One April afternoon, he shared:

> *Pedro:* *You know what man? I think I should just rob a store or something. Raise hell somewhere so I can go to jail. I'm tired of this shit man. I'm just so tired.*

When probed for more information, it became clear that at least in jail, some degree of medical treatment might be possible. Further, if he were to go to jail for something petty, his thought was that he could eventually get out and obtain jail ID. Volunteer doctors at JyP corroborated this possibility, indicating that a jail ID *would* constitute a valid proof of identity needed for access to care. This sentiment contradicts with a previous conversation Pedro and I had the preceding December. We had been talking about trying to find work in the area. Without any probes about criminality, he states:

> *Pedro:* *I haven't stole a day in my life, and I'm not about to start now . . . . I'm just tired. I'm tired of waiting. Waiting all the time. And now I'm waiting to die.*

Both of Pedro's statements demonstrate a sense of desperation that ultimately leads to a shift in considerations around crime. On one hand, he is adamantly opposed to engaging in some form of criminal behavior. On the other hand, such criminal behavior offers the possibility of legibility vis-à-vis the health care system. There are, of course, several risks to this approach, including detention, deportation, and a vast

range of incarceration-related health problems (Korngold, Ochoa, Inlender, McNiel, & Binder, 2015; Rumbaut, Gonzales, Golnaz, Morgan, & Tafoya-Estrada, 2006; Wang & Kaushal, 2018). Of additional concern, however, is the degree to which Pedro must play into preconceived notions of migrant criminality in order to access some *possibility* of care. According to race scholar Lisa Cacho (2012), illegality serves as an example of a de facto status crime where one's ontological being as an "illegal" person means they are unable to ever be law-abiding. It appears that this situation forces Pedro to consider playing directly into a prevalent racial narrative surrounding illegality and criminalization. These types of consideration are common vis-à-vis other institutions beyond health care. Irregular migrants' marginal positions in relation to the state forces them to rely on informal and often criminal networks/institutions for necessary resources (Broeders & Engbersen, 2007).

In short, denial of care operates not only as a means of restricting access to medical services and resources, but it also reflects the border control mechanism of vetting legal identity and legibility. Thus, when the hospital asks for someone's ID, it is not because it is checking to see if an individual can be helped. It is checking to see how that individual can be managed, and when this framework is extended to undocumented immigrants in particular, it is to see if and how an undocumented migrants' illegality can be regulated. In validating (il)legibility, the health care system decides which form(s) of exploitation migrants will be subjected to, as elaborated on in the next section.

Detention: Commodification of Migrant Illness. Detention regards the state's ability to detain migrants in spaces for indefinite periods of time, often before deportation

proceedings. Detention centers may be defined by a range of characteristics, including limited/absent health care (Lawston & Escobar, 2009; Moe & Ferraro, 2003), social isolation (Athwal & Bourne, 2007; Khosravi, 2009; Larsen & Piché, 2009; McLoughlin & Warin, 2008), indefinite holding periods (De Genova, 2016; De Zayas, 2005), and the commodification of migrant bodies that results from detention center privatization (Davis, 2007; Doty & Wheatley, 2013; M. A. Flynn et al., 2015; M. Flynn & Cannon, 2009; Golash-Boza, 2009b, 2009a; Sudbury, 2014). In this section, characteristics of immigrant detention are visible in the operation of informal personal care homes – private homes funded by Justicia y Paz (JyP) where medically unaccredited citizens care for undocumented migrants in need of long-term care. Citizens in need of similar services rely on formal nursing centers or have medically accredited home care workers come to their houses for a specified number of hours per day, and such services are generally paid for by private insurance or programs like Medicare and Medicaid. Undocumented immigrants, however, are ineligible for these programs. Therefore, when they are denied health care services and long-term needs emerge, they have to turn to informal personal care homes, long-term unlicensed care facilities run by private citizens without oversight from the state.

Justicia y Paz provides partial or full funding for approximately 125 informal personal care homes, each costing anywhere between $600 to $800 a month; it is the organization's most expensive activity. Most of the migrants that receive this long-term care are of Latin American descent. Because spaces are not state-regulated, caretakers have full discretion on how funds are used. However, it is JyP's intention that the funds be used for food, medical supplies, rent, and any other expenses incurred while caring for

migrants. Reception of these services are based on need and available funds. Generally, migrants directly ask Margaret, the director of JyP, for long-term care support (i.e., for themselves and/or family members). Sometimes family members of the migrant(s) in need become hosts and provide long-term care in their homes. Other times, Margaret and volunteers advertise the need for long-term care takers to community members that routinely interact with JyP. To become an informal personal care home hosts, individuals convey to Margaret that they are able and willing to provide long-term care for undocumented migrants in need. Margaret does what she can to vet the spaces before agreeing to provide funding for the homes, but she does not always have the time or resources to inspect them. This is therefore a central task for volunteers whose schedules, although demanding, are relatively more flexible.

Oversight of these spaces generally falls into the hands of volunteers. Among other tasks, Margaret asked me and occasionally other volunteers to check in on the personal care homes and see how things were going. Beyond evaluating the quality of the spaces, visits to the homes were also driven by the Catholic Worker call to "visit the poor," as indicated in the bible's "Sermon on the Mount" in Matthew 25. Throughout different periods of the ethnography, I worked independently and in coordination with other volunteers – Frank and Richard – to visit these informal personal care homes. We called several homes to make appointments for visits, but many never answered, and several appointments fell through (i.e., individuals were not home when they said they would be). During the course of the ethnography, I visited ten of these informal personal care homes, some on more than one occasion. The central finding from these visits is that these spaces are structured in similar ways to formal detention centers.

From a biopolitical perspective (Foucault, 1978, 2003), detention accomplishes both internment and governance, confining individuals to a particular space and dictating the ways individuals live in those spaces. As the following vignette illustrates, informal personal care homes accomplish the same functions. Richard and I had just arrived at the house. Although we were supposed to meet with a caretaker named Esteban, we instead met with an undocumented Mexican man in his fifties named Benjamin.

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Benjamin invited us in through a shut glass window, timidly retreating behind a yellow curtain. We walked through his front yard, greeted by the unyielding barking of two small dogs covered in fleas with roach-infested food bowls and algae-spread bowls of water.

Once inside, we were surrounded by the scent of urine and an overflow of clothes no less than two feet from the ceiling. No air conditioner. No fan. The 90-degree weather cooked the single-bedroom house, trapping the humidity inside. Roaches crawled on every surface, including our backs. Half of Benjamin's face was drooped down, exposing the full sphere of his right eye. He lived alone; he had no caretaker. It became clear by the second hour of our conversation that Benjamin wanted someone to talk to. He needed someone to talk to; someone to connect with.

***

Benjamin's case exemplifies the affinity between informal personal care homes and migrant detention centers. One similarity between these spaces regards the lack of care actually received. While migrant detention centers are expected to provide some level of care, this is not always the case, and research has demonstrated a negative

correlation between length of stay in a detention center and the state of mental health (Zimmerman, Kiss, & Hossain, 2011). In this example, Benjamin has no caretaker at all. Though the expectation is that someone would care for Benjamin twenty-four hours a day, this was clearly not the case. He told me and Richard that on occasion, his friend Esteban would come by with groceries, but Esteban would not stay there. It was unclear how Benjamin's setup actually came into fruition vis-à-vis Justicia y Paz, but what was clear was that Benjamin was not being cared for. Another similarity between the detention centers and informal personal care homes has to do with social connection. Benjamin talked to me and Richard for over two full hours without ever stopping. Richard and I barely got a word in during our conversation, and when we indicated that we had to leave, Benjamin became quickly provided us cans of soda and offered to cook us tacos. He wanted us to stay with him as long as we could, and when we finally did get up to leave, Benjamin urged us to return the following the day and every day thereafter. It was apparent that Benjamin waits for uncertain periods of time wondering when or if someone will come visit him, listen to his stories, and connect with him. This social disconnect echoes the conditions of detention centers, especially in more recent cases of separation between migrant children and their parents (Berger Cardoso et al., 2019; Hagan, Martinez-Schuldt, Peavey, & Weissman, 2018). The problem, however, is not simply that Esteban is not present. As the next case illustrates, having a "caretaker" does not necessarily result in more care or some level of connection.

During a visit to a different personal care home, I met a 42-year old man from Honduras named Gilberto. The setup of this personal care home was different than Benjamin's. Gilberto lived among six other undocumented men in need of long-term

care, and the space operated more like an assisted living center with five caretakers presumably on call at all times. The central issue Gilberto faces in the personal care home is that his bed is filled with hundreds of bedbugs, a problem that would presumably merit immediate attention. However, according to Gilberto, none of the caretakers speak Spanish – the only language he speaks – and they routinely talk over him, treating him as if he is being belligerent. This language barrier (i.e., not speaking Spanish) was characteristic of half of the personal care homes I visited. For Gilberto, this meant that he had to go to sleep knowing that he was would be bitten by hundreds of bedbugs every night. His choices, however, were limited. Informing the caretakers and Margaret of the situation would not necessarily result in Gilberto's relocation. Margaret, like the personal care home attendants, are strapped for resources and have to be very conscientious about how to use organization funds to care for so many people. Even if Gilberto could be moved to a different location, there was no guarantee that the situation would be any better. Akin to detention center settings, Gilberto was confined to a space for some semblance of long-term care that we would not receive elsewhere, and there was little he could do to change this, especially without the support of people like the volunteers. Moreover, immigration scholars have shown that migrants can be confined in detention centers for indeterminate amounts of time (De Genova, 2016; De Zayas, 2005). Similarly, migrants like Gilberto are generally bedridden, residing within them for indefinite periods of time.

Forty-states have mandatory-reporting laws to protect the elderly (Lachs & Pillemer, 1995), but the situation for undocumented immigrants in these informal personal care homes makes it difficult to draw on such protections for two reasons. First,

the health providers in these informal personal care homes are not medically accredited individuals; they are private citizens taking up the labor of long-term care. Accordingly, they are not beholden to the same mandatory-reporting statutes as health professionals. Second, Benjamin and Gilberto's undocumented statuses place them in a precarious position where the protections of the law may not apply to them. They essentially lack what Arendt (1973) has called "the right to have rights." Their illegality, legible or not, subjects them to a state of vulnerability, prospective abuse, and in Bosniak's (2006) terms, "nothing short of tyranny" (p. 41).

Although the conditions of these informal personal care homes may suggest possible caretaker neglect and abuse, a much larger systemic issue surrounding the privatization of health care is present here. Most of the caretakers I met at these informal personal care homes were African American men and women, and for many of them, these spaces served as a central source of income. Other caretakers I observed were family members of the migrants themselves and predominately of Latin American origin. It is notable that none of the caretakers were white. According to the US Bureau of Labor Statistics (2018), most home health care workers in the country are white[49]. However, these statistics reflect state-regulated, medically accredited settings. The overrepresentation of Latinx/Hispanic caretakers in these informal personal care homes can be attributed to familial relations. As previously noted, most of the migrants in need of this long-term care are of Latin American descent. It is likely that family members

[49] US Bureau of Labor statistics, the racial composition of home health care workers in the country are as follows: White/Caucasian 63%, Black/African American 26.1%, Asian 7.2%, Latinx/Hispanic 18.5%. https://www.bls.gov/cps/cpsaat18.htm

who provide this care share this racial/ethnic background. However, reasons for the overrepresentation of African American caretakers in these settings are less apparent.

It should also be noted that none of the caretakers make fortunes from this work. On the contrary, at $600 to $800 a month from JyP – or nearly $10,000 per year – they make far below the median pay for home health and personal care aides, which is about $24,060 per year ("US Dept. of Labor," 2019). The implications of this are significant. Safety net hospitals generally regard migrant illness as a cost to the health care system because most undocumented migrants cannot pay back their medical costs. To counter this, the state externalizes these costs to non-governmental organizations like JyP and, ultimately, spaces like these informal personal care homes. Therefore, their latent function is to absorb the costs of the state and corporate medicine. In doing so, the labor of these caretakers is exploited, and migrants' illnesses become commodified for capital gain.

In medicalization terms, no physician (e.g., doctor) or organizational affiliate (e.g., volunteer from JyP) has claimed illegality – or the terms of exploitability inherent in illegality – as a medical problem. Yet, these terms transition into the jurisdiction of medical control, albeit the domain of informal medicine. As a result, undocumented migrants without an ID who end up needing long-term care become subject to a new type of exploitation, one which surrounds illness instead of health. On one hand, their illegality continues to facilitate exploitation of migrants' labor power when they are healthy enough to work. On the other hand, when they are sick and in need of long term care, their illness is refashioned into a commodity that can be managed and regulated by informal personal care homes, and by extension, the domain of private medicine. Like

migrant detention centers (Doty & Wheatley, 2013; M. A. Flynn et al., 2015; Golash-Boza, 2009b, 2009a), informal personal care homes commodify migrant bodies for private gain, and within the realm of health care specifically, this means commodifying migrant illness. For those who are not taken in by one of these informal personal care homes, there is only one other alternative: deportation.

Deportation: Filtration of "Unproductive Labor." In border control parlance, deportation is the state-sanctioned act of removing undocumented migrants from the nation state. This final section of my analysis illustrates the way Houston's medical district participates in deportation. This does not mean medical deportation (Park, 2018; Sontag, 2008; Wolpin, 2009), which pertains to the ways that hospitals medically repatriate undocumented migrants when they become financial burdens to the system. Rather, this analysis centers on the ways that migrants fall through the cracks of the medical system and face eventual death, especially when they need long-term care. Cancer care is a prime example.

I spoke with a 43-year old doctor named Henry about cancer care. He volunteered with JyP for eight years and was visiting the organization for a short period. With little exception, cancer care poses a huge risk for undocumented immigrants. I had just asked Henry about cancer care for undocumented immigrants:

> *Henry:* *Huge problem! . . . I mean, a lot of the palliative care we do is [for] cancer patients. So we did palliative care for some advanced HIV patients and for cancer patients: a guy from Cuba who had mouth and tongue cancer – really his tongue was swollen and he could barely speak, and a guy with gastric cancer that spread, and then another guy with advanced HIV. . . . It's bad. Cancer care for the undocumented is not there. It's just not there for the most part. They're dying of cancer, period.*
>
> *Anthony:* *So where do they go?*

Henry: *They don't. They either go back to their countries or they just live with it until they die. That's what happens.*

When undocumented migrants in need of long-term care have no ID, they are bureaucratically unable to obtain necessary long-term care. Henry's experience with undocumented cancer patients occurs predominately within Justicia y Paz's clinic where the most he and other volunteer doctors can offer is palliative care that treats the pain, but not the cancer itself. Of particular significance is the limited range of choices Henry recognizes of undocumented cancer patients. He indicates that migrants can either go back to their home countries or live out their pain until they die, but in actuality, undocumented migrants do not have much choice. Most migrants at JyP are not physically, economically, or politically able to return to their home countries, and many of them left their homes as a means of escaping various forms of violence. Efren, an undocumented 60-year old man from Mexico City, indicated that if he returned to Mexico, the drug cartels would think he had money and would extort or murder him. For many of the migrants I spoke with, there is no home to return to – no family and no protective social network. Their choices are limited to how they are going to work, deal with their illness, and survive each day. Thus, rather than be a force of healing and restoration, the US health care system prolongs migrants' suffering up until the point they take their last breaths. Their state-sanctioned removal from the nation state requires no border patrol agents and no law enforcement officials. Echoing Foucault's (1978, 2003) biopolitical parlance, all the state has to do to deport migrants in today's health care climate is let them die.

Immigrant health care vis-à-vis Houston's medical district thus becomes a waiting game between migrants and the state. With their lives at stake, all of the aforementioned migrants in this chapter have no choice but to play this game. Rodney, the Honduran man in need of hernia treatment, has to wait a minimum of two months before *possibly* being seen by a primary care provider willing to overlook his lack of ID. As previously indicated, Pedro, the 76-year old Mexican man with a urinary tract abnormality, has no other choice than to wait for his kidneys to completely fail before the possibility of emergency care. Both Benjamin and Gilberto, who live in informal personal care homes, endure spaces of haphazard care and limited sociability for indefinite periods of time. Without substantive change, the outcome of this waiting game is the same for all of these individuals: deportation by death. In medical deportation (Park, 2018; Sontag, 2008; Wolpin, 2009), deportation ultimately results in death. Conversely, in deportation by death, death acts as a means of deportation.

Of additional concern is the degree to which undocumented migrants' experiences of morbidity and mortality become negligible when the health care system does not recognize such experiences as real. Pedro's situation provides a case in point. I concluded my ethnography at JyP in September of 2016 and returned for a two-week follow-up in May of 2017. At some point between these two periods, Pedro had vanished from the organization, and surprisingly, no one knew where he was. It was not clear if Pedro had died, been picked up by law enforcement, or ended up in a different organization, and like most of the migrants at JyP, he did not own a cell phone. He was simply gone. Thus, the health care system allows undocumented migrants like Pedro to die both physically and socially. His undocumented status constitutes a legal nonexistence (Coutin, 2000)

where neither law nor medicine has to legitimate his suffering. Accordingly, he is ontologically reduced to his status as an “illegal immigrant," a de facto status crime that renders him ineligible for personhood and results in social death (Cacho, 2012; Patterson, 1982).

It is important to reiterate here that undocumented migrants are allowed to fall through the cracks of the health care system and eventually die not because they are “illegal” (i.e., undocumented), but because their illegality is illegible to health care bureaucracy (i.e., having no ID). As discussed in Rodney’s and Pedro’s cases above, illegible illegality means migrant’s legal identities and labor exploitability cannot be tracked or managed, and if migrants’ labor power cannot be managed, it is rendered “unproductive.” Thus, deportation by death – that is, allowing undocumented migrants’ to die on the basis of illegible illegality – reflects the health care system’s role in filtering out “unproductive” (i.e., unmanageable) labor.

Conclusion

Drawing De Genova’s (2004) “border spectacle” as a conceptual guide, this chapter examined how illegality shapes and is shaped by undocumented migrants’ experiences with the medical district. In doing so, I sought to illustrate affinity between the medical district and border control – that is, to highlight the ways that immigrant health care is about both exclusion (i.e., enforcing legality) and inclusion (i.e., regulating illegality). On one hand, illegality as a juridical status and sociolegal condition provides the legal means by which health care can be denied (Browne, 2014; Clough et al., 2013; Stimpson et al., 2010; Viladrich, 2012), medical quarantine can be implemented (Hernández, 2008; Markel & Stern, 1999; Molina, 2006; Stern, 2005; Waitzkin, 2000),

and medical deportation can be enforced (Park, 2018; Sontag, 2008; Wolpin, 2009), leading to an array of subsequent health disparities. At the same time, this chapter illustrates how the terms of illegality can become subject to medical scrutiny and regulation. When the health care system confronts immigrant health disparities, it acts as a mechanism of border control that validates migrants' legibility by checking for an ID, refashions migrant illness into a profitable enterprise within informal personal care homes, and filters "unproductive" labor by allowing migrants with chronic conditions to ultimately die.

This research contributes to medical sociologists' and immigration scholars' understandings of immigrant health care in important ways. First, it illustrates that immigrant health care is premised on considerations of legality and legibility. While inquiries about legal status are important, this research highlights the importance of legibility for undocumented immigrants in need of health care services. It is not enough to be a human being to receive care. One's legal existence must also be visible, officially recognizable, and manageable. Correspondingly, in alignment with Foucault's (1978, 2003) biopolitical conceptualization of the state, migrants' legality is less important for immigrant health care than the extent to which they can be governed and controlled. Health practitioners play an indirect role in this. They are beholden to a health care system that provides care not on the premise of need or morbidity, but rather on the basis of legal legibility. Future research should examine the strategies health practitioners employ to circumvent these bureaucratic barriers to immigrant health care.

Second, this research elucidates the ways in which private medicine is expanding and transforming. The informal personal care homes examined in this research reflect the

health care system's latest mechanism for externalizing health care costs. This reflects Howard Waitzkin's "private-public contradiction" (2000) where private health care systems continues to grow while public health providers (i.e., the health care safety net) continues to shrink. The privatization of medicine has given rise to a medical-industrial complex (Grouse, 2014; Relman, 1980) that has made health care one of the most lucrative industries in the United States. For citizens, illness generally leads to treatment, and treatment means substantial revenue. However, hospital systems do not generally see migrant illness as a motor of economic growth; it is rather understood as a cost that medical systems have to absorb. Instead of absorbing these costs, however, this research illustrates how the costs of immigrant health care are externalized to NGO spaces like JyP and, for long-term care, informal personal care homes. The commodification of migrant illness reflects a change in terms of migrants' exploitability and illustrates how Houston's medical district medicalizes (i.e., takes control of and regulates) illegality. Here, undocumented immigrants are subject to the regulatory logics of both border control and medical control – the former exploits their labor power while the latter exploits their illness.

Relatedly, the final contribution of this research is that it demonstrates the manner in which illegality becomes subject to medical control without ever being defined a medical problem. This advances medical sociologists' understandings of medicalization. Although claims-making is understood to be a key factor in the medicalization process, no medical practitioners, NGO volunteer or immigration law enforcement official defines illegality as a medical problem. Rather, this study supports predictions about the influence of today's markets in medicalization (Clarke et al., 2003; Conrad, 2005; Conrad

& Leiter, 2004). Illegality – that is, the terms of migrants' exploitability – becomes subject to medical control via the convergence of two industries imagined to operate separately: border control and health care. The system of health care mimics the state in its regulation of undocumented immigrants, but it does so with its own logic and structure of rationality (Foucault, 1975). Moreover, like other social conditions or facets of life that are medicalized (see Conrad & Barker, 2010), when illegality becomes a subject of medical control, it becomes embedded within broader medical discourse that decontextualizes and depoliticizes its sociolegal origins. In other words, the health care system participates in normalizing illegality. Thus, perhaps the greatest contradiction this research illustrates is that the health care system, charged with the responsibility to protect and ensure well-being, plays a fundamental role in perpetuating and legitimating migrant exploitability and vulnerability.

Chapter 3 – The Limits of 'Loaves and Fishes:' NGO Restraints in the Delivery of Immigrant Health Care

"All we can do is put in a couple of loaves and fishes and hope that the lord transforms them."

– Margaret[50], Director and Co-founder of Justicia y Paz quoting Dorothy Day, Co-founder of the Catholic Worker Movement

It is 5:45 in the morning, fifteen minutes before the weekly food distribution begins. Nearly two-hundred men, women and children, many of whom are undocumented, sit shoulder-to-shoulder around the beige walls of Justicia y Paz (JyP). Nearly everyone is wearing a cotton hoodie, protecting themselves from the frigid air of the morning. Inside, the volunteers make preparations.

"Do we all know what we're doing?" asks Patrick, a 76-year old white man and retiree who leads the food distribution every week. Everyone is assigned to a different station where they will hand out a different food item: potatoes, cabbage, rice and beans, canned salmon, and an assortment of other canned goods. He looks around and counts eight volunteers, myself included. "We might need a few more guys."

"I called men's house," says Kelly, a white 49-year old volunteer. "Some guys are heading over now."

As we wait, I begin talking to Emily, a white volunteer in her mid-twenties that lives at JyP and is joining us for the food distribution for the first time. "How are you feeling?" I ask.

"Tired," she replies, trying to hold back a yawn.

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[50] Interview, May 2014. All organization, newsletter and individual names are pseudonyms.

We hear a knock at the door. Emily looks at the clock on the wall. 5:55am – still too early for the distribution to begin. She walks up to the door and opens it. A heavyset Latino man with thick light-blue glasses and large white mustache begins to walk in. I recognize him – it's Duncan, a migrant guest from Mexico who lives at the men's house.

Emily immediately stops him. "Oh, not yet. Not yet," she tells Duncan, indicating that the food distribution hasn't begun yet.

Then Tom, another guest from the men's house who was already inside, says, "no, that's Duncan. He's here to help."

Emily turns to me. I nod. Then she looks back at Duncan and apologizes, "Oh I'm so sorry. Please come in!"

Duncan happily enters, unaware that Emily had just mistaken him for a recipient, rather than a volunteer, of the food distribution.

6:00am. Patrick calls us all into prayer and we begin handing out food to the poor.

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How do undocumented migrants at Justicia y Paz become deserving of care? This chapter explores the care low-income, undocumented Latinx migrants receive at Justicia y Paz (JyP), a donation-based, volunteer-run, non-governmental organization (NGO) in Houston, Texas. Inspired by the Catholic Worker Movement (Deines, 2008; McKanan, 2008), JyP provides free food, clothing, and temporary shelter exclusively to hundreds of undocumented immigrants from Latin America, Africa and Asia each year. Moreover, as an extension of the US health care safety net (Lewin & Altman, 2000), it provides free basic medical services to migrants without regard for ability to pay, legal status, and

proof of residency. Migrants' illegality – that is, their sociopolitical condition and juridical status as 'undocumented' (Chavez, 2007; De Genova, 2002; Ngai, 2004) – has no bearing on their deservingness for care. This is unusual. Citizens and immigrants generally contend with two different health care debates. For citizens, the question at hand is usually whether health care is a privilege or a right. Immigrants, on the other hand, often contend with disputes about whether they are deserving or undeserving of health care. At JyP, however, such considerations around deservingness for care are antithetical to Catholic Worker Movement philosophy. Under the auspices of the movement, everyone is deserving of care. The opening vignette, however, suggests that this may not be the case. Duncan's race signifies something about his deservingness for care, implying that deservingness at JyP may not be as all-encompassing and impartial as it appears.

Scholars have extensively explored differential constructions of immigrant deservingness (Fujiwara, 2005; Marrow, 2012; Yoo, 2008), particularly vis-à-vis the notion of productivity (Hainmueller & Hiscox, 2010; Kohut, Suro, Keeter, Doherty, & Escobar, 2006; Yukich, 2013). Within the realm of health care, deservingness for care has rarely been a given. Immigrants have commonly had to prove that they do not have underlying motives for seeking care (Holmes, 2013; Horton, 2004; Marrow, 2012; Park, 2011b; Vanthuyne, Meloni, Ruiz-Casares, Rousseau, & Ricard-Guay, 2013) and that they are actually "sick enough" to merit care (for example, see Lawrance, 2012). Generally, deservingness is conceptualized as an inverse of rights (Willen & Cook, 2016). Although both rights and deservingness are socially constructed (A. L. Schneider & Ingram, 2005), the former is generally presumed universal while the latter contends with a set of

(pre)determined relational and sociopolitical conditions (Willen & Cook, 2016). As Willen and Cook (2016) put it: "whereas rights claims are expressed in formal *juridical* discourse that presumes fundamental equality before law, deservingness claims are articulated in a vernacular *moral* register that is situationally specific and context-dependent" (p. 96, emphasis original). Like other morally-laden constructs, such as dependency, deservingness is also imbued with racial and gender meaning.

Fraser and Gordon's (1994) work illustrates that certain populations – namely, multiply-marginalized populations – fit more neatly within popular imagination about who can be regarded as "dependent." Such racial associations have also been shown vis-à-vis "deservingness." Two threads of research show that some racial cues undermine deservingness claims (Gilens, 1999; Katz, 1989) while others substantiate them (De Swaan, 1988; Will, 1993). Grace Yoo's (2008) research exemplifies the former thread. In a content analysis of congressional transcripts leading up to the passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), she reveals that immigrants were racialized as irresponsible, negligent and noncontributing burdens to society. Characterizing immigrants as reckless and dependent had the effect of rendering them "undeserving" of public assistance, and PRWORA legally corroborated this characterization. Susann Huschke's (2014) work attests to the latter thread of research. In an ethnography of Latin American migrants seeking humanitarian aid in Berlin, Huschke finds that patients in need of care might perform their deservingness by presenting themselves as helpless sufferers and subscribing to racialized ideas about migrant docility. This performance, Huschke notes, reaffirms a power differential that exists between physicians/volunteers and patients. When migrants do not fulfill their

social role as patients – or what Talcott Parson's (1975) calls the "sick role" – they face prospective exclusion from service (Huschke, 2014).

This literature on deservingness merits cautious skepticism about "all are deserving" frameworks, such as the one JyP subscribes to. Extending from this literature, this chapter explores what it takes for migrants to be deserving of care at JyP. Drawing on interview data and fieldnotes from an 11-month ethnography with Justicia y Paz, I argue that deservingness for care among undocumented Latinx migrants in spaces like JyP depends on their racial subordination as migrant workers and welfare-dependent. Using Derrick Bell's (1980) theory of interest-convergence to inform my analysis, I find that in order to safeguard care, migrants at JyP have to submit to racially subordinate positions of power where their labor can be exploited and their impoverishment can serve as the basis of spiritual salvation. Branching out of critical race theory, Bell's theory of interest-convergence suggests that racial justice aims are not accommodated unless they further the interests of the white ruling elite. I discuss how migrants' racialized labor benefits the material interests of the white suburban elite in the Houston metro and how their racialized indigence serves the spiritual interests of predominately white volunteers at JyP.

This chapter has important implications for immigrant advocacy organizations dedicated to eradicating immigrant health disparities. It evaluates the potential and limits of social movements and organizations with socio-politically progressive aims. In particular, this research highlights latent organizational limitations in immigrant health care, particularly and paradoxically within immigrant advocacy non-governmental organizations (NGOs) like JyP that promote the idea that everyone is deserving of care.

Background & Context

As indicated in this dissertation's introduction, the health care safety net has been shrinking in size since the passing of the Affordable Care Act (Andrulis & Siddiqui, 2011; Wallace et al., 2013), and undocumented migrants have become less of a patient focus. As a result of this changing health care landscape, spaces like Justicia y Paz (JyP) have taken up the responsibility of immigrant health care. Like other NGOs across the United States (e.g., Frey & Pardo, 2017), JyP is increasingly operating as a final resort for undocumented migrants in need of care.

About the Catholic Worker Movement and Justicia y Paz. The Catholic Worker Movement[51] that inspired the emergence of JyP and hundreds of other houses of hospitality across the world[52] began in 1933 during the Great Depression. Convinced that the state was ill-poised to meet the needs of the poor (Boehrer, 2003), Dorothy Day and Peter Maurin co-founded the movement in Staten Island, New York with the aim of inspiring people to treat the poor as they would Jesus Christ – to offer food when there is hunger, shelter when there is homelessness, and medical aid when such aid is

[51] A section of my dissertation's introductory chapter elaborates further on the background of the Catholic Worker Movement.

[52] The scope of the Catholic Worker Movement is enormous, inspiring an estimate of over 200 communities (i.e., or in Dorothy Day's parlance, "Houses of Hospitality") throughout the United States, 32 communities internationally (Allaire, 2018) and an estimate of 20 urban gardens or farms (Stock, 2014). Despite the enormity of the movement, it has received relatively little attention within sociological literature. Exceptions to this include Spickard (2005) and Yukich (2010), who interrogate the workings of the movement from a sociology of religion perspective but do not put the movement into deeper conversation with other institutions like health care or immigration. Stock (2014) offers one of the most recent sociological analyzes of the movement, analyzing the movement's communal farms and calling for novel conceptualizations of social movement successes and failures.

unavailable[53]. To accomplish this, Day and Maurin began publishing "The Catholic Worker," a newspaper that shared the work of houses of hospitality (Boehrer, 2003; Morton & Saltmarsh, 1997). To this day, "The Catholic Worker" and other movement-affiliated newsletters spread the work of Catholic Workers as they serve various "disempowered populations" including immigrants, sex workers, and the homeless (Stock, 2014, p. 151).

Justicia y Paz (JyP) began in 1980. It runs exclusively on donations[54] and wields support from parishes across the world, including the Vatican. Like other houses of hospitality inspired by the Catholic Worker Movement, JyP emerged as an organization that saw a need among the nation's undocumented immigrants and responded to it. The movement calls for this level of initiative (Coy, 2001; Deines, 2008; Zwick & Zwick, 2005). It asks people to see everyone, regardless of background, as Christ-like figures whose needs should be actively attended to. From this philosophical standpoint, serving the poor means serving Christ himself.

Operating with a broad conceptualization of care, JyP provides primary health care services for nearly 300 undocumented immigrants each month, financial support for upwards of 125 migrant families in need of home care assistance, and temporary gender-segregated shelter. Additional services include coordination with other community organizations, weekly food and clothing distributions, daily delivery of brown-bagged lunches to day-laborers and the homeless, and bi-weekly ESL courses. In line with the Catholic Worker Movement (Day, 1952; Morton & Saltmarsh, 1997; Zwick & Zwick,

[53] The Sermon on the Mount and Matthew 25.

[54] Public records for recent years indicate over $2 million in annual assets.

2005), the combination of these services are intended to synergize charity and social justice frameworks to accomplish two goals: (1) meet migrants' needs and (2) challenge the underlying global political economic forces that catalyze migrants' displacement in the first place. To accomplish the latter goal, JyP adopts the Catholic Worker Movement's anti-capitalist stance.

Though Dorothy Day's politics appeared Marxist, she advocated spiritual, rather than class, revolution – a call for a change in peoples' hearts and minds about the poor. In Day's view, the most effective way to do this is to practice what she referred to as "voluntary poverty." Voluntary poverty requires the rejection of capitalist principles of consumption and possession (Morton & Saltmarsh, 1997). For Catholic Workers (i.e., volunteers) at JyP, voluntary poverty means living with the migrants they serve, sharing community-donated resources (e.g., food and clothing), and attempting to limit consumption to those items grown from the organization's own community garden. When JyP does partake in large-scale purchases, it tries to limit its purchases to local businesses, avoiding corporate giants like Wal-Mart and Home Depot as often as possible. Voluntary poverty combines charity and social justice with a focus on community and equity, echoing the oft-cited final lines of Dorothy Day's (1952) autobiography: "We have learned that the only solution is love and that love comes with community" (p. 286). In the context of JyP, however, love and community does not necessarily translate to racial equity.

An Ethnography at Justicia y Paz: Methodological Summary

As elaborated in this dissertation's introduction, this research is empirically based eleven months of ethnographic participant observation at Justicia y Paz, over 200

informal interviews with migrants and volunteers that came through the organization, and 36 semi-structured in-depth interviews, half of which were with migrants residing at JyP, and the other half of which were with volunteers affiliated with JyP or Houston's medical district. In this chapter, my analysis pays particular attention the interactions between migrant men[55] and two groups: (1) volunteers at JyP and (2) individuals from the Houston community. Themes that emerged in my ethnographic fieldnotes and interviews for this section of my dissertation pertained to labor, race, and Catholic Worker Movement philosophy. Accordingly, my analysis elucidates the interplay of these themes as they relate to the notion of deservingness.

Analysis and Discussion: Deservingness and Racial Subordination

From Migrant Guest to Migrant Workers. According to the Catholic Worker Movement principles of personalism and hospitality, every migrant that comes to the doors of Justicia y Paz (JyP) seeking care is regarded a guest. In the context of JyP, to be a "guest" means that one does not need to prove their deservingness. They are inherently deserving by virtue of being in need. Bell's (1980) theoretical framework, however, elicits caution here and calls for critical attention to both discursive disjunctures and rifts between philosophy and practice. Reflecting the latter, the vignette below illustrates a status shift from "migrant guest" to "migrant worker." It depicts a routine activity at JyP where the migrant men apply address labels to the organization's 42,000 newsletters prior

[55] As indicated in this dissertation's introduction, JyP's director, Margaret, insisted that I spend most of my time in the men's section of the organization. Accordingly, my analysis focuses predominately on the experiences of migrant men.

to their mailout. An exchange between Holland, a white volunteer, and Pedro, a 76-year old Mexican man, signals a hint of disproportionate power and illustrates a status shift:

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Many of the men were still working when I finished applying my labels. I picked up my stack and began walking toward the center table where Holland and the woman he brought with him worked. I interweaved around several white plastic tables where most of the men worked; some men had set up their workstation on the pool table.

Holland looked up at me through his clear-framed glasses with a wide smile. I placed my stack on his table and he thanked me. He took my stack and began to quickly quality-check it for errors, making sure all the labels were appropriately placed and ensuring that my stack, like everyone else's, was made up of only one zip code. The clock was nearing 7:30pm and everyone was finishing up. Pedro was among the last to finish, happily carrying his completed pile to Holland.

Pedro said, "God bless you, man." He placed the completed stack on Holland's table.

Holland smiled and replied, "God bless you too, sir! Come back Thursday, we'll bless you again!" Pedro smiled and walked away.

***

Despite Catholic Worker Movement principles, migrant guests' inherent deservingness operates in tension with expectations of racialized labor. The Catholic Worker Movement understands migrants' participation in organizational activities as a form of collaboration where volunteers and guests work hand-in-hand toward the mission of "serving the poor" (Deines, 2008; Klejment, 1996; McKanan, 2008; W. D. Miller,

2005; Zwick & Zwick, 2005). However, migrants' relational position vis-à-vis volunteers begins to foster racial hierarchy between white volunteers and migrants of color, the former controlling the labor power of the latter. The exchange between Holland and Pedro, though brief, illustrates a subtle commodification of "blessings," which, in the context of the Catholic Worker Movement, take the place of wages. Within the philosophical parameters of the Catholic Worker Movement, "blessings" are understood as plentiful and infinite, located within some moral commons where all are equally deserving of their grace. In practice, however, there is a discursive shift from a "moral commons" to "moral efficiency." Within this latter framework, blessings take on a finite form and become material incentives for productivity. This shifts the relationship between Pedro and Holland from "guest and volunteer" to "laborer and employer." Pedro's labor is exchanged for Holland's blessings, the former of which facilitates JyP's ongoing operations, and the latter of which is intended to incite hope, resilience and fortitude. The exchange between Pedro and Holland hints at a latent capitalist framework wherein notions of reciprocity and exploitability are blurred.

Volunteers and migrant guests view this differently. For example, Caleb, a live-in volunteer and 61-year old white man, regards migrant labor as a way for migrants to reciprocate the aid they have been given:

> I think it's an ingenious way to do it – a way for them to kind of pay back what they received. So I don't really have any problem with it.

For Caleb and several other volunteers, migrant labor is part and parcel of the Catholic Worker Movement; it makes them both beneficiaries and participants of the movement. However, like the above vignette, the language Caleb uses to describe this setup reaffirms a particular power differential between migrants and volunteers. Migrants who "pay

back" the movement with their labor are rendered deserving while others who do not provide their labor acquire a form of "social debt" that decrees them undeserving. The dependency fashioned out of this setup – that is, between migrants as laborers and volunteers as employers – is not regarded inequitable partly because such wage[56] labor relations of subordination have been deemed both "natural" and indicative of independence and success (Fraser & Gordon, 1994).

However, Manuel, a 45-year old Chilean man, does not see it this way. During an interview (translated from Spanish), he describes the organization as a "business." He states:

> *Manuel: Everything in the US is a business, including shelters . . . . For example this house is nothing without the immigrants. They are necessary so that this house can function.*
>
> *Anthony: Why do you think this is the case?*
>
> *Manuel: [Pause] Status quo. It's all good for business.*

Here, Manuel conceptualizes JyP as a business intent on maintaining the status quo. Though he does not specify the meaning of "status quo," his discursive use of the term "business" to describe JyP implies an organizational structure with some form of return in mind. In line with Dorothy Day's vision of the Catholic Worker Movement as a spiritual, rather than class-based, revolution of capitalist consumerism (Morton & Saltmarsh, 1997), the 'return' or 'bottom line' of a space like JyP takes on a metaphysical, rather than material, form. Volunteers and migrants are expected to reap these spiritual benefits equally; this is the proclaimed interest of Justicia y Paz. Though,

[56] As indicated above, wages in the context of the Catholic Worker Movement are spiritual (e.g., "blessings"), not economic.

as the above exchange between Holland and Pedro illustrates, volunteers wield greater control over the distribution of these benefits. Migrants are not simply entitled to religious grace, as the "guest" status might imply. Rather, they must become deserving of it through their labor. As the next section elaborates, this extends to relations outside of JyP.

Migrant Workers Wanted. Many migrants, both part of and outside of JyP, work as day laborers and wait to be recruited several streets down the road from JyP. In several cases, however, organizations and individual contractors go directly to JyP for this labor. The Catholic Church recognizes JyP as a cooperative, and as such, the organization can legally contract out migrant labor. In 1986, six years after JyP began, President Reagan signed the Immigration Reform and Control Act (IRCA) into law, which, among other provisions, forbade employers from knowingly hiring immigrants without necessary work documentation. According to Margaret, cooperatives (co-ops) were an exception to this:

> In the early days we used to make a membership card and everybody would pay a dollar to belong, but now we just say that anybody who lives in our house is a member of the cooperative . . . . [Now] there's people from the community that just hire people [and] a few parishes that are putting in their bulletins that we have workers, that sort of thing . . . . So while they're at the . . . house, many of them can start working through the co-op.

According to Margaret, this co-op framework operates in the interest of migrants' well-being. She discusses the setup as a benefit for migrant guests, particularly if they have no documentation at all. Whereas undocumented status prohibits many migrant guests from obtaining formal employment (i.e., because they cannot show proof of authorization to work), the co-op characterization circumvents this. This arrangement, however, works in the interest of predominately white individuals from Houston's suburbs.

Almost every week during my eleven-month ethnography, Houston residents came to JyP and inquired about workers. For migrant men, jobs usually required picking up heavy furniture, home renovation, and landscaping, and they would be paid at variable rates up to $16 an hour. Migrant women were usually sought for domestic labor (e.g., house cleaning) and were paid at least $8 an hour.

Many of the migrant guests at the men's house rely on the work offered by a company called Victory, which hires men for full days of arduous landscape work throughout the Houston metro. Victory works regularly with JyP to find migrant workers. The company picks up men before dawn each weekday and then returns them to the organization at about five or six every evening. It shares documentation of days worked with Margaret, and then at the end of each week, the men are paid. The intent of Victory, according to Margaret, is to give the men a way to begin saving money and possibly negotiate a full-time job with the company, at which point they would have to leave JyP. Though the co-op structure of JyP helps to ensure that migrants are paid at a rate ($80 a day) that is relatively more consistent than a typical day-laboring arrangement, Manuel and a Cuban man named Joaquin share that "regular workers [i.e., citizens or legal permanent residents] get $120 a day." In a typical co-op setting, the workers (in this case, migrants) would have greater say in labor conditions (i.e., work environment, pay, decisions about organizational growth), but here, migrants' legal statuses create a power differential that allows them to be unpaid and extinguishes their decision-making potential. This power differential reinforces a labor hierarchy similar in structure to typical capitalist enterprises where migrant exploitation ultimately benefits the interests of the ruling elite.

Another mode of work is offered through a Chinese man named Trevor, whom the migrant men refer to simply as "El Chino." Trevor comes to the organization a few times a month looking for men to work as dishwashers in restaurants across Texas and Louisiana. The men share that the work is highly exploitative and onerous. Jose, an undocumented Mexican man in his late 30s and the manager of the men's house, acts as a broker for migrant labor. He receives a small commission for every laborer he can provide Trevor. I observed this process several times.

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One afternoon, Trevor arrived at the men's house and immediately asked to speak with Jose. A few minutes later, Jose returned with a Mexican man named Wesley, a white, thin, stubble-faced man with a ponytail of long grey hair. Wesley's face expressed determination and eagerness. Trevor looked at Wesley closely, as if looking for scratches on a car.

"How old are you," Trevor asks Wesley, shifting his eyes momentarily to Jose. Wesley clearly understands the question, but Jose translates anyway.

Jose repeats the question in Spanish, "Cuantos años tienes?"

"Cuarenta y siete años," Wesley responds with a smile on his face.

Trevor waits for Jose to translate. He apparently does not know any Spanish.

Jose translates for Trevor, "He says that he is uh forty-seven years old."

Trevor's eyes widened and he shakes his head, redirecting his attention to Jose saying, "Oh no, no, no. He's too old to be productive."

Wesley laughs lightly and shakes off the comment, insisting that he is in good shape and fully able to work. In slow, careful English, Wesley states, "I can work. I will work very hard."

Jose offers support, placing his arm on Wesley's shoulder, "He says that he will work hard. This man is a very good worker."

Trevor continues shaking his head and pulls out his cell phone to make a phone call. It becomes clear that Trevor wants to check with the restaurant owner who would be utilizing Wesley's labor whether he could take Wesley or not. He talks for a few minutes, hangs up and then continues to shake his head.

"27, okay. 37, okay," Trevor says, "but 47?" He shakes his head definitively.

Jose gently suggests that Trevor could lie about Wesley's age and say that Wesley is 35 or something. Everyone laughs. Standing in between Jose and Trevor, Wesley had become an object of evaluation.

Although he only came for one worker, Trevor tries to compromise with Jose. Pointing to Wesley, he says, "I take him and you give me another worker that is younger." It appears Trevor wants some form of compensation for Wesley's age.

Wesley stands silently.

Jose responds, "I already asked the men, and no one else wants to go."

Trevor is clearly disappointed. He lets out a heavy sigh and thinks for a moment, tapping his foot on the tile floor. "Okay," he finally says, nodding lightly. He and Wesley exchange a handshake, and Jose gestures a thumbs-up with a wide smile.

Using Jose to translate, Trevor informs Wesley that the schedule would be six days a week from 10am to 10pm for $1700 cash per month. Wesley nodded and began

gathering his things – they were to leave for San Antonio immediately. In less than two minutes, Wesley and Trevor were gone.

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Both Victory, a landscaping company, and Trevor, an independent contractor for dishwashing jobs across southern Texas and western Louisiana, routinely lean on JyP for cheap, migrant labor. Bell's (1980) theory of interest-convergence asserts that activities and aims intended to benefit racialized minorities are not implemented unless they concurrently benefit the white ruling elite. For migrants, the economic appeal of otherwise exploitative arrangements are difficult to reject because they are pivotal for survival. JyP volunteers correctly assert that the work migrant men perform yields material benefits. However, volunteers do not acknowledge the simultaneous benefit of migrants' racialized labor for companies like Victory or contractors like Trevor, both of whom serve the wider interests of the white elite. For volunteers, entering into the labor force is framed as a metric of "success" and stepping stone toward independence, but such framing does not account for the particular relations of subordination migrants enter into (Fraser & Gordon, 1994). The racialized labor power that makes them deserving of care at JyP simultaneously streamlines them into a global political economy intent on exploiting their vulnerability (De Genova, 2002; Walia, 2013).

Voluntary Poverty: Serving/Constructing the Poor. The Catholic Worker Movement's tenet of "voluntary poverty" encourages Catholic Workers to live with the group they are serving and share in their experiences of poverty. The purpose of voluntary poverty is twofold (Morton & Saltmarsh, 1997). Politically, voluntary poverty reflects a philosophical rejection of capitalism and consumerist paradigms that measure

value and deservingness in terms of material accumulation. Socially, its purpose is to place care providers (i.e., JyP volunteers) and care recipients (i.e., migrant guests) on the same socioeconomic terrain of power – that is, to erase the power differential between "the givers" (i.e., volunteers) and "the given" (i.e., migrants). In sharing this terrain, volunteers and migrants are purportedly equal and distinctions between undeserving and deserving do not exist. While JyP is successful in limiting its participation in capitalist consumption, it has a more difficult time extinguishing power differentials between volunteers and migrant guests. Part of the reason for this is that, despite JyP's intent, its operations are organized hierarchically[57]. Principally, however, voluntary poverty fails to balance migrant and volunteer power because it does not for their differing interests. As elucidated in this section, migrants' interests are oriented toward survival, and volunteers' interests are geared toward salvation.

Race: The Difference between Giver and Given. This chapter opens with a vignette about the organization's weekly food distributions. These distributions, which both volunteers and migrant guests participate in, are intended to provide food, care, and compassion for those most in need. As a social construct (López, 2006; Mills, 1997; Omi & Winant, 2015), race operates as a significant indicator here. The categorical distinction between "volunteer" and "migrant" status is race. It is significant that most of the volunteers are white while most of those seeking food – to include migrant guests – are predominately men, women and children of color. Thus, for volunteers, a central characteristic between the categories of "giver" and "given" is race. In popular

[57] I detail this how and why this occurs in a book chapter with Lisa Sun-Hee Park and Erin Hoekstra. We intend to submit our complete manuscript to a book press in June 2019.

imagination, it is "natural" for volunteers and migrants to occupy these two different social positions (Fraser & Gordon, 1994). However, volunteers, migrant guests and food distribution recipients do not simply fall into a predetermined racial hierarchy (Feagin, 2013; Mills, 1997); they co-construct one. Racial hierarchies are fluid and relational (Kim, 1999; Lee, Park, & Wong, 2017; Molina, 2010, 2013). Though JyP volunteers and migrant guests share the same space, participate in the same activities, and attempt to adhere to the same Catholic Worker Movement principles, they operate within a broader social context where race is imbued with meanings about social status. Today, whiteness equates to "saviorhood" and bodies of color signify "those in need of saving," or as Fraser and Gordon (1994) might put it, those who are understood as "naturally" dependent. Migrants at JyP are racialized accordingly.

Racialization of the poor is far from new. Whereas in the late 20th century this racialization was accomplished by means of overt discourse – for example, in the deployment of terms like "welfare queen" (Cassiman, 2008) – the racialization of migrant guests at JyP is less apparent; it leans on a colorblind politics (Bonilla-Silva, 2006) that ignores and internalizes the power differentials of race and sees "the poor" as human beings worthy of human dignity. The following vignette reflects a live-in volunteer's (Sylvia, 20-years old) internalized and racialized understanding of Latinx migrants. Sylvia called me over to help her with the organization's van, a dark red 2008 Pontiac with a missing front bumper, slashed up interior, and duct-taped rear-view mirror:

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"So what's going on?" I ask, walking up to the van.

"I don't know," she replies. "I think I ran out of gas."

After looking under the hood, we switch. She stands outside the van and I sit in the driver's seat, attempting to start the van over and over again. Nothing. Not a sound.

"I think you're right," I say. "It's probably out of gas. I can walk down to the corner store and buy some."

"Yeah. Okay." She says in a defeated tone. She thinks for a while and then continues, "I know this is going to sound racist, but I feel like a Latino driving this car."

Unsure how to respond, I ask, "You know I'm Latino, right?"

"Yeah, I know," she replies with an embarrassed laugh. "Did I offend you a little bit?"

I let out a soft chuckle.

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Sylvia's comment about feeling like a Latino associates certain lived experiences with Latinoness. Although she prefaced her comment with the possibility of racism, my white skin discharged the threat of any real possible offense being taken – I was not read as Latino. It was not until I reminded her that I was Latino that she realized the comment's weight and significance. The discourse she uses here delicately displays how she has internalized Latinx identity. For her, to be Latino means to be poor; the material defects of the van map onto the supposed cultural deficiencies of Latinoness. Like Emily's case in the chapter's opening vignette, however, this has less to do with individualized racism than the Catholic Worker Movement's promotion to serve the poor. Catholic Workers at JyP respond to the very real needs of migrant populations in Houston, Texas. Without an explicit discussion of the ways that race factors into class mobility among migrants and other people of color, race becomes an essentialized indicator of who "the poor" are.

Thus, despite material actualities (e.g., a Latinx individual owning a corvette), the symbolic internalization of this racialization means that in the minds of Catholic Workers, migrants and other people of color are never able to fully transcend their essentialized status as "the poor" or "welfare-dependent," both of which are laden with racial meanings. Therefore, volunteers participate in not only serving the poor but also racially constructing the poor.

A consequence of this racial construction is deservingness, and Josue's situation illustrates this. Here, Rodney, an Honduran man in his mid-forties, is introducing me to Josue for the first time:

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In Spanish, I asked Josue where he was from. He first looked at Rodney and the other men standing nearby, and then returned his attention to me.

"Soy de Honduras [I'm from Honduras]" he responds.

The other men then begin talking among themselves and he motions me to follow him outside. We walk out the front door and are alone. He then begins talking to me in English in a different accent than before.

"Listen," he begins, "I need a favor. I'm not from Honduras. I'm from Louisiana and am an American citizen."

He pulls out passport and shows it me. I try to hide my shock. He goes on to tell me that he had come to Houston with the expectation of staying with a friend and getting a new job, but both prospects fell through. He learned about Justicia y Paz and decided to make up a story in order to gain temporary shelter while he figures things out.

***

As the vignette illustrates, Josue, an American citizen, gained access to a space designed exclusive for undocumented immigrants by fulfilling racialized ideas about the deserving poor look and sound like. With the other men, he spoke only Spanish, faked an accent, and invented an entire narrative about his migration from Honduras. Like others have shown (De Swaan, 1988; Huschke, 2014; Will, 1993), perceived dependency – an ideological moralistically attuned to multiply-marginalized populations (Fraser & Gordon, 1994)– worked in Josue's favor and made him deserving of care.

The Catholic Worker Movement's moral imperative to "serve the poor" makes it difficult for volunteers to take stock of their latent racialization of the poor. For volunteers, there must always be a population to serve, and they are always ready to play the role of savior. The Catholic Worker Movement dictates this inclination. No matter who comes to the door, volunteers are ready to serve them. Borrowing from a former volunteer, Sylvia calls this the "tyranny of the door:"

> [Brittany and I] were talking once about the door . . . and she [came up with] a really great term: 'the tyranny of the door.' That is so true. You [might be] in the furthest corner of the house and then the doorbell rings, and then you've got to come all the way back to the front and open the door, run into the eyes of whoever is out there and find out what they need . . . . [You] have to open the door and you're face to face with the person and like, that is like the peak of personalism.

This readiness and eagerness to serve the poor is fundamental to the Catholic Worker Movement principle of personalism (Deines, 2008). In their view, changing the hearts and minds of the local Houston community and people across the world (i.e., through the newsletters) invites people to be a part of the movement and participate in serving the poor – that is, it invites everyone to play the role of "savior."

Although the manifest aim for volunteers at JyP is to "serve the poor", the latent goal is to "save the poor" and ultimately save themselves. Service acts as a means toward

salvation. According to Catholic social thought, the wealthy have a unique responsibility to distribute resources to the poor (Clark, 2012). This is characteristic of the Catholic transcendental perspective, wherein the wealthy give to the poor in order to secure redemption and have their own spiritual needs met (Boyle, Golden, & Liao, 2017; Brodman, 1998; Geremek, 1991). A similar dynamic operates within the Catholic Worker Movement. Kelly, a white volunteer, and I talk about whether the Catholic Worker Movement accomplishes its goals of changing the underlying the conditions of those it serves. During our interview, Kelly highlights the way the movement is fundamentally about the volunteers:

> Maybe [the Catholic Worker Movement's] not really changing the people we serve, but it really is changing me, and so I don't know what else you can do, I mean that to me is the single most important [thing]. That's what Dorothy Day is saying: 'This is not a revolution. It's a revolution of the heart, and it's your heart. It's not someone else's heart.' And so that's what [being a Catholic Worker] does to you. So yeah, I'm completely changed, and most people that come here are completely changed. You start questioning everything. It changes you.

As noted above, the Catholic Worker Movement aims to change the hearts and minds of people across the globe. Although the movement has not done much to change migrant's underlying social conditions, it has fundamentally changed the way Kelly views migrants and immigration politics. Volunteering at JyP allows Kelly to interact with and view the lived experiences of migrants without fully transcending into the category of "the poor" – that is, to temporarily practice "voluntary poverty" without being racialized as welfare-dependent. Her relational position vis-a-vis migrant guests allows her to serve migrants, bear witness to their experiences and ensure her own spiritual salvation without giving up the material or symbolic privileges allotted to her by virtue of her whiteness.

In some ways, voluntary poverty resembles "voluntourism[58]," where individuals or groups, usually unaccredited, travel to predominately low-income countries to provide free, short-term social services that generally fall within the realm of education (e.g, McGloin & Georgeou, 2016) or medicine (e.g, McLennan, 2014). McGehee and Santos (2005) claim: "volunteer tourism presents a unique opportunity for exposure to social inequities, as well as environmental and political issues, and this can subsequently lead to increasing social awareness, sympathy, and/or support" (as cited in McLennan, 2014, p. 5). JyP adopts the same perspective, aligning social awareness (i.e., the changing of hearts and minds) with subsequent support. Dorothy Day (1964) conceptualized service to the poor as a means to understanding "the mystery of poverty" and claimed "that by sharing in it, making ourselves poor in giving to others, we increase our knowledge of and belief in love" (p. 330). Whereas participants of voluntourism center their work in other countries, voluntary poverty allows volunteers to temporarily engage in the lived experiences of migrants in their home country. This serves to objectify migrants' lives, to exhibit them for the purposes of experience, learning, and spiritual fulfillment. Caleb shares that his interest in the Catholic Worker Movement emerged during his time as an educator. He used to teach in a rural "non-diverse" area and wanted to find a way to encourage his students to experience the world. A house of hospitality in Kansas City became the way to accomplish this:

> We wanted to get the kids out into the world a little bit and show them some of the realities . . . . So that's how I first really started to learn about Catholic Workers. I used them as a tool to help educate our high school students about some of the realities out there.

[58] Sometimes referred to as "volunteer tourism."

It is not uncommon for volunteers to come to JyP for "the experience." Some live-in volunteers like Claire and Kiara (both in their early twenties) came to JyP with the primary aim of getting experience in the organization's clinic, so as to prepare them for prospective medical schools. Local high schools in the Houston metro send students to JyP so they can fulfill service learning requirements, and juvenile detention programs have 'community service' requirements fulfilled at JyP. Referencing Dorothy Day's (1924) autobiography, *The Eleventh Virgin*, Morton and Saltmarsh (1997) explain:

> [Dorothy Day] was not concerned with ideology and politics, but rather with a desire to be at the center of experience, to hear and gather and tell the stories of individual persons, to make human and personal the suffering and the strength of those who were touched by the violence of the new economic order (p. 145).

For Day, experience is the kernel of spiritual revolution. It is, however, only a starting point, and not necessarily an end.

Conclusion

In the context of today's post-Affordable Care Act (ACA), spaces like Justicia y Paz (JyP) serve as a last resort for undocumented immigrants in need of care and epitomize the future of immigrant health care without substantive immigration and health care reform. Like other Catholic Worker Movement inspired houses of hospitality, JyP operates with the aim of serving the poor and asserts that all are deserving of care. Challenging this assertion, this chapter asked: *how do undocumented migrants at Justicia y Paz become deserving of care?* In short, deservingness for care appears to be contingent on racialized subordination. This does not necessarily mean that migrants need to be of non-white skin complexion. Rather, it means that in order to safeguard care, they have to

subscribe to a set of conditions and activities that racialize them in terms of presumed labor power and indigence. This happens for two reasons, each with its own set of racialized consequences.

First, JyP's maintains relationships with external organizations that seek migrant labor. The purpose of developing relations with community entities in the Houston metro is to ensure that future economic support will exist. Non-governmental organizations that utilize funding from community block grants or government loans subject themselves, even if temporarily, to a set of specific conditions that may not line up with their aims, philosophies and goals (e.g., see Jimenez & Collins, 2017). In the case of JyP, the organization rejects such funding mechanisms and instead relies on community donations. This allows the organization to dictate its own parameters and address a plethora of migrant needs without having to jump through multiple bureaucratic hoops. However, while the organization does not attach itself to the conditions of state loans, it does embed itself within a set of relations with the Houston metro community. Keeping in line with the Catholic Worker Movement's philosophy of personalism, JyP does everything it can to open up the movement to everyone. Among other activities, JyP uses its co-op status to encourage migrant employment, which in turn makes way for exploitative settings. When migrants' statuses shift from "guests" to "workers," the care they receive at JyP becomes intimately tied to their productivity and labor power. With the exception of bedridden guests, migrant men who do not contribute to the organization's activities are seen as unproductive and asked to leave, which in turn means they will no longer receive care from JyP. Following previous scholarship (Hainmueller & Hiscox, 2010; Kohut et al., 2006; Yukich, 2013), this chapter demonstrates how labor

once again becomes a central condition for immigrant deservingness and care. Future research should explore the extent of these dynamics in migrant-led organizations. While this analysis anticipates less exploitation under such settings, the potential for abuse of power along intersecting axes of power (e.g., race, nationality, class, gender, sexuality, generation, and legal status) still exists and would be worth evaluating further.

Second, migrants' racial subordination vis-à-vis volunteers stems from a Catholic Worker Movement ideology that seeks to empower "the poor" without explicitly addressing the sociopolitical disparities imbued in race. The Catholic Worker Movement was born out of the 1930s, a period in which class operated as the central focal point of social inequality. In many ways, the movement operates from this paradigm (i.e., focused almost exclusively on class and an arbitrary notion of "the poor"). What is not taken into account is that the Catholic Worker Movement emerged in the midst of the Jim Crow era where racial segregation and institutional racism was entrenched. Therefore, the colorblind politics of the early Catholic Worker Movement seem to have manifest themselves latently within contemporary notions of "the poor." So while modern-day houses of hospitality like JyP might acknowledge the presence of a predominately people of color populous, race is assumed irrelevant or, perhaps more alarmingly, uncharacteristic of Catholic Worker Movement spaces.

The movement's overarching aim of "serving the poor" fails to account for the implied power differentials of both 'service' and 'poverty.' JyP volunteers attempt to equalize their sociopolitical position vis-à-vis migrants through "voluntary poverty," which, if defined in terms of power, is an oxymoron. Volunteers maintain a level of social distance from migrants that allows them to practice voluntary poverty while

maintaining the racial privileges of "white savior" status. In maintaining this level of social distance, volunteers are able to "serve the poor," "save the poor," and ultimately save themselves. As a consequence, migrants are racialized as those in perpetual need of saving – they fulfill the social role of care recipient in similar ways to that of humanitarian contexts (Huschke, 2014). In the context of this study, however, racialized deservingness is not simply about perceived docility, it is also fundamentally about fulfilling pervasive racialized ideologies surrounding Latinx identities. When such ideologies are not fulfilled, migrants risk illegibility and associated restrictions to care. This analysis, however, is particularly relevant to the Catholic Worker Movement context of JyP. Future research should evaluate the conditions of racialized deservingness in other domestic (e.g.,. California[59]) and national contexts where the Catholic Worker Movement continues to operate today (e.g., Latin America and select European countries).

The theoretical implications of this study have practical value for other immigrant-advocacy NGOs with equity-oriented aims. Derrick Bell's (1980) interest-convergence theory contends that racial justice aims are not accommodated to unless such aims simultaneously benefit the white ruling elite (D. A. Bell, 1980). In the context of JyP, care for undocumented migrants reflects a project of racial justice. The Catholic Worker Movement, which orients JyP's activities, developed with the explicit aim of challenging white elite power. In alignment with this stance, JyP rejects support for any program or corporate entity that emboldens consumer culture (Morton & Saltmarsh,

[59] California has the highest amount of Catholic Worker Movement inspired "houses of hospitality in the country.

1997). However, this analysis reveals the ways white interests are nevertheless served. Migrants' racialized labor serves the exploitative interests of the ruling elite while (e.g., suburban space revitalization and cheap restaurant labor), and their racialized indigence serves the salvation interests of predominately white volunteers. Adopting both these racialized statues are pivotal for migrants' survival. Thus, this chapter extends Bell's (1980) theory of interest-convergence with attention to the ways that the interests of the white ruling elite and white poor coalesce, even when the latter group adopts equity aims contrary to the former.

In short, this chapter highlights how NGO spaces with health equity aims can inadvertently participate in racializing processes conducive to health disparities. Part of the reason for this is that spaces like JyP can never fully escape the broader social and economic context of today's society. Even though the organization trumpets the idea that all are deserving of care, deservingness consideration nevertheless emerge. To counter this, immigrant advocacy NGOs like JyP would do well to have migrants and other multiply-marginalized populations take the lead in mandating organizational activities, agendas, and aims. This is, of course, only an initial step. Such an approach would grant multiply-marginalized populations greater say in what social change and social justice look like. Though, it is unlikely that this approach would completely eradicate power differentials between those in need and those providing aid. Further, NGOs that rely solely on community funding should evaluate the conditions of entering into such community-NGO relations, particularly vis-à-vis vulnerable populations like undocumented migrants. Spaces like JyP do a lot of good for migrants, but like other

NGOs, there is always room for improvement. This chapter is written out of a place of love, friendship, and solidarity.

Chapter 4 – The Potential For Care as Contestation: Caregiving Migrant Men Negotiating Masculinity, Citizenship and Social Belonging

While caregiving[60] may be considered a gendered activity, it may also be understood as an activity conducive to gender formation, a practice where individuals learn what it means to be a man and/or woman (Campbell & Carroll, 2007). Scholars have already begun evaluating the meanings of masculinity for male caregivers (Campbell & Carroll, 2007; Kirsi et al., 2000; Russell, 2001; Thompson, 2002), yet most of this research has centered on adult men who provide care for their spouses (Crawford, Bond, & Balshaw, 1994; Phyllis B. Harris, 2002; B. Miller & Kaufman, 1996), children (Bailey, 2015; Frascarolo, 2004; Maurer & Pleck, 2006; Tikotzky, Sadeh, & Glickman-Gavrieli, 2010) or elderly parents (Campbell & Carroll, 2007; Phyllis Braudy Harris, 1998). Drawing on ethnographic observations and in-depth interviews, this chapter evaluates the care low-income, undocumented Latin American and Cuban men provide one another at Justicia y Paz (JyP)[61], a donation-based non-governmental organization in Harris County, Houston, Texas. In doing so, this research contributes to analyzes of caregiving and masculinity with additional attention to nation. Specifically, it draws on theoretical and conceptual frameworks pertaining citizenship (Bloemraad, 2018) and hegemonic masculinity (R. W. Connell, 1987; R. W. Connell & Messerschmidt, 2005) to address the research question: *what does care mean to migrant men who provide care to one another?*

[60] In this chapter, I use the terms "care," "caregiving," and "care work" interchangeably.

[61] All names in this chapter are pseudonyms.

As previously detailed[62], JyP operates in the context of a withering health care safety net (Andrulis & Duchon, 2007; Andrulis & Siddiqui, 2011; Holahan et al., 2013; Wallace et al., 2013) where, like other NGOs across the country (e.g., see Frey & Pardo, 2017), it acts as a final resource for many undocumented migrants in need of care, including Cuban parolees. While the organization's volunteers do their best to meet migrants' wide range of needs, they are limited in their capacity to do so[63]. Therefore, migrants residing at JyP take on a substantial proportion of the work involved in caring for one another. While this includes migrant women and men, the analysis from which this study is based predominately centers on the caregiving experiences of migrant men[64]. JyP is separated into a "men's house," where anywhere between 25 and 65 migrant men live, and a "women's house," where generally fewer than 40 women and children reside. Whereas the women's house is run by female volunteers, the men's house is managed by migrant men – that is, Jose, an undocumented Mexican man in his late 30s, and his fourteen migrant "ayudantes" (i.e., "helpers"). While Jose and the ayudantes report directly to Margaret, JyP's director, they are allotted significant agency in determining what their care for one another looks like. Given this setup and the organization's cosmopolitan make-up, the men's house at JyP offers a unique context from which to examine the relationship between male migrant caregiving and the interplay of masculinity, citizenship, and social belonging.

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[62] For a discussion of today's health care context, please see chapter 2 section: "Health Care in Houston, Texas."

[63] Fuller descriptions of JyP's activities and limitations are available in chapter 3.

[64] JyP's Director requested that I dedicate the majority of my volunteership and ethnographic work with the migrant men.

Bloemraad's (2018) conceptualization of citizenship as a claims-making process provides a useful theoretical framework for this research. Scholars are beginning to move beyond the oft-referenced typologies of citizenship – that is, as status, rights, participation, and identity – toward a relational understanding of citizenship. Rather than treat these forms of citizenship as mutually exclusive, as others have done (Bloemraad et al., 2008; Bosniak, 2006; Joppke, 2010; T. H. Marshall, 2006), Bloemraad (2018) insists on their complementarity, recognizing the ways that they interact and reinforce each other. Correspondingly, Bloemraad (2018) defines citizenship as "a process of making membership claims on polities, people and institutions *that must be recognized* within particular normative understandings of citizenship" (p. 6, *emphasis added*). Citizenship is not something that is granted on another individual – "granted citizenship" is a misnomer that conceptualizes legality and illegality as ahistorical and apolitical constructs[65]. Instead, citizenship may be understood as something that is claimed. Viewing citizenship as a claims-making process "takes serious the agency of immigrants and other actors" (Bloemraad, 2018, p. 5). Rather than simply fit into particular typologies of citizenship, migrants play an active role in claiming the parameters of their social belonging. Like others, however, their citizenship claims must be recognizable, or legible, to others within a particular time and space. Therefore, a central concern of those who adopt this theoretical framework is to "identify the mechanisms through which making claims on citizenship has power," which include formal laws and "normative beliefs about membership, legitimacy, and standing in society" (Bloemraad, 2018, p. 20). Such

[65] De Genova (2002) historicizes the sociolegal production of "illegality."

normative beliefs, Aihwa Ong (2003) might add, correspond varyingly to axes of power like gender, race, and nation.

Ong (2003), urges scholars to view citizenship "in terms of the effects of multiple rationalities (biopolitical, class, ethno-racial, gender) that directly and indirectly prescribe techniques for living for independent subjects who learn how to govern themselves" (p. 108). A myriad of civic institutions are responsible for teaching migrants what it means to be members of society, and this is often done in gendered, raced, and classed terms (Horton, 2004; Lamphere, 1992; Ong, 1995, 1996, 2003). Migrants, however, are not passive receptacles to intersectional terms of belonging. They are active in cultural processes of citizen identity formation (Abrams, 2016; Back, 1996; P. Cohen, 1997; Gordon, 2005; Mahtani, 2001; Meyer & Fine, 2017; Rattansi, 2005). While normative beliefs revolving around citizenship may impose a range of democratic, market, gendered, and racial modes of being in a nation-state (Ong, 1996, 1999), such modes are contestable and negotiable.

To assess the gendered terms of social belonging, I draw on R. W. Connell's (1987, 1995) concept of "hegemonic masculinity." Sasson-Levy (2002) offers a definition: "Hegemonic masculinity is perceived as a repressive ideal type that is never fully available to anyone, while other types of masculinity are constructed in relation to it through subordination, complicity, or marginalization" (p. 358). Late 20th century theorists rejected dichotomous understandings of gender (Stacey & Thorne, 1985) and advocated for conceptualizations that would understand it as performance and in pluralistic terms (Butler, 1990; Coltrane, 1998; Dull & West, 2002; Kelan, 2018; West & Zimmerman, 1987). From what is now a conventional perspective in the sociological

literature, gender is conceived as fluid, sociohistorical, and hierarchal (Campbell & Carroll, 2007). As Sasson-Levy (2002) notes, hegemonic masculinity serves as a useful conceptual guide for capturing masculinity's pluralism while acknowledging feminist analyzes of power relations. Following the lead of other scholars who have deployed hegemonic masculinity in analyzes of male caregiving (Campbell & Carroll, 2007; Kirsi et al., 2000; Russell, 2001; Sarti & Scrinzi, 2010; Thompson, 2002), this study references the concept to assess the varied meanings of masculinity migrant men develop when they care for one another.

Most analyzes of migrant caregiving adopt a transnational lens and focus on the experiences of migrant women. To be sure, women's care work is central to today's rapidly growing care work industry[66] and global political economy. Although men are starting to take on a greater role in caregiving (Russell, 2007; Thompson, 2002), most paid and unpaid care work still tends to fall on women generally (Boaz & Muller, 1992; Guberman, Maheu, & Maillé, 1992; Stoller, 1994; Wharton, 2009) and women of color particularly (Glenn, 2012; Hondagneu-Sotelo, 2007; Misra, 2003; Romero, 1992). Moreover, nearly a quarter of all personal care aides, home health aides, and nursing assistants in the country are migrants, almost 90% of whom are women (Espinoza, 2017; Stone & Bryant, 2018). Their labor meets the burgeoning demand for domestic caregiving services and manifests in contemporary global care chains (J. Connell, 2008; Ehrenreich & Hochschild, 2004; A. R. Hochschild, 2000; Hondagneu-Sotelo, 2007; Lan, 2006; Parreñas, 2001, 2004; Yeates, 2009, 2012).

[66] According to the Bureau of Labor Statistics (2019), employment of direct care workers is expected to grow 41% between 2016 and 2026, far more than the national average (7%) for all other occupations.

The scholarship surrounding male migrant caregiving is limited and generally based in non-US locales. Responding to critiques about men's absence in the global care chain literature (e.g., Manalansan IV, 2006), scholars have only recently begun to document the transnational outsourcing of men's domestic care (Kilkey, 2010; Kilkey & Palenga-Möllenbeck, 2013; Pérez & Stallaert, 2015; Sarti & Scrinzi, 2010). Proposing a different thread of inquiry, this chapter directs attention to an important, though understudied, context where undocumented migrant men from various countries provide care to one another in a US-based non-governmental organization. As this research shows, care within this context functions as a service (i.e., to other migrant men), a site where masculine identities are inculcated, and as a domain where the gender, racial, and legal parameters of citizenship are negotiated. In short, I argue that care operates as a mechanism through which undocumented migrants claim social belonging.

The migrant men of JyP have the agency to challenge the terms of their sociolegal exclusion and, through their care for one another, make claims about what social belonging should look like in gendered, raced, and legal terms. In this way, care can operate as a form of contestation. The men can use care to challenge hegemonic masculinity and the state's rigid vision of migrant personhood as fundamentally linked to legality. However, as my empirical data illustrates, claims-making through care work does not automatically result in alternative visions of masculinity or citizenship. Despite sharing the same space and performing the same care work, the men associate different meanings to their care that line up, albeit in varied ways, with dominant conceptions of gender and citizen identities. I discuss these variances in relation to the men's intersectional social positions and the prevalence of patriarchal cues in popular culture.

Migrant Men Caregiving in Justicia y Paz

This chapter is empirically based on eleven months of ethnographic fieldwork and thirty-six semi-structured in-depth interviews, eighteen of which were with migrants residing at Justicia y Paz (JyP), and the other eighteen with the organization's volunteers. I initially learned about and interacted with Justicia y Paz (JyP) while participating in a collaborative research project with Erin Hoekstra and Lisa Sun-Hee Park during the summer of 2014. With a research focus on the effects of the ACA for safety net providers in US states bordering Mexico (i.e., Texas, New Mexico, Arizona and California), JyP met our selection criteria as an organization that provided care to undocumented immigrants. We interviewed Margaret, a white woman in her 70s and the co-founder of JyP, and learned about the organization's origins and aims. I inquired with Margaret about a longer volunteership with JyP for the following year. She approved, and preparations for my ethnography at JyP began. Institutional Review Board approval was received before the study commenced.

I began my volunteership and ethnography with JyP in October 2015. With the exception of a two-week follow-up period in the summer of 2017, I lived offsite and volunteered at the organization on average five days a week between the hours of 8:00am and 7:00pm. Although I volunteered at both the "women's house" and "men's house," Margaret requested that I dedicate the majority of my time at the men's house. My central responsibility as a volunteer at JyP was to help set up and drive migrant men to medical appointments in Houston's medical district and government agencies that could help facilitate access to important legal documents. This was done independently and in

collaboration with other volunteers. I also assisted in the organization's clinic triages[67], newsletter preparation[68], and bi-weekly food distributions. Moreover, I taught ESL at the men's house twice a week for eight out of the eleven months I was there. In this capacity, I was able to establish a routine presence and build rapport. I introduced myself to migrants and volunteers as a graduate student from the University of Minnesota that was interested in the lives of immigrants as they navigate today's health care system.

Recruitment for semi-structured, in-depth interviews occurred organically during informal conversations. I did not begin inquiring about a formal interview until the third month of the ethnography. My aim was to use initial months to establish a level of comfort with the men conducive to interview recruitment. When inquiring about an interview, I emphasized its voluntary nature and reiterated that declining an interview would not result in reduced services from JyP. Interviews were conducted in both English and Spanish, depending on the interviewee' s preference, and most were completed at the men's house. No strict criteria was used for interview recruitment, and this is due, in large part, to JyP's organizational structure. The organization is explicitly intended to serve poor undocumented migrants (i.e., generally from various parts of Latin America) and Cuban parolees (i.e., Cubans who have not yet obtained legal permanent residency).

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[67] I limited my participation at JyP's on-site clinic, which is designed exclusively for undocumented immigrants. Doctors from the community – mostly retirees – volunteered their time at JyP on average four times a month. Although, services at the clinic were limited to primary care and occasional dental extractions. As discussed in chapter 2, migrants with more pressing health conditions were redirected to Houston's medical district, which did not always result in care. I assisted other volunteers and health practitioners at JyP in checking patients in, taking vitals, and delivering/picking up prescriptions.

[68] About five times per year, JyP prepares and mails out approximately 42,000 newsletters to churches, community members and former volunteers in Houston, various parts of the United States, and other select countries.

Therefore, JyP is set up in a way that naturally controls for both class and legal status; vetting for this potentially sensitive information was unnecessary. I deployed a snowball sampling approach to identify more potential interviewees.

At the time of this study[69], most migrants (over 50%) at JyP's men's house were from either Mexico or Cuba. Others (about 30%) were from other parts of Latin America, including Argentina, Chile, El Salvador, and even fewer migrants (about 20%) were from parts of Africa (i.e., Eritrea and Somalia) and Southeast Asia (i.e., the Philippines). They ranged in age between 21 and 76 years old. Understood primarily as a transitory space, most migrants that came through JyP did not stay there. Under Margaret's discretion, migrants are expected to spend no more than ten days at JyP. This is particularly true for Cubans, who, under the Cuban Adjustment Act of 1966, enter the US with a range of additional social and legal benefits[70] not provided to other migrant groups. There are two exceptions to the ten-day rule at JyP's men's house: migrants who are sick, and those who work as "ayudantes" (or "helpers") at the men's house. First, several migrant men at JyP require support for a range of health problems. For example, Efren, a 60-year old man from Mexico, suffers from diabetes and the lingering effects from past hernia surgeries, strokes, and heart attacks, and he had lost a lung years ago due to asbestos. Joseph and Santiago, both from Mexico and in their 40s, struggle with reduced cognitive functions as a result of past car-related injuries, and several men suffer from the physical and mental health consequences of sexual violence experienced within and on route to

[69] JyP does not keep records of past migrants who come through the organization

[70] This is includes assistance with rent, employment, health care (i.e., Medicaid eligibility). They also enjoy a streamlined pathway to legal permanent resident status and US citizenship.

the United States. As an organization, JyP can provide basic level care for these ailments but is limited in the specialty care it can provide[71]. Moreover, when the men's health conditions worsen or require long-term, 24/7 attention, JyP attempts to arrange an informal personal care home, generally run by medically unaccredited private citizens[72].

The second group of people allowed to stay in JyP's men's house beyond the ten-day rule are the ayudantes, or "helpers." Chosen by Jose on the basis of work ethic and dedication to JyP's mission, fourteen migrant men work as ayudantes at JyP: seven cooks, and seven door attendants. Every day of the week, a different ayudante is responsible for cooking lunch and dinner. Meals vary widely and depend entirely on what has been donated to the organization. Door attendants manage who comes in and out of the men's house, and when a new person arrives, they are responsible for checking the individual in and familiarizing them with the house's rules, activities, and expectations. Each of the fourteen ayudantes is also in charge of one of the twelve different bedrooms at men's house, making sure that each rooms' six to eight guests follow the rules and get what they need. All of the ayudantes' decisions go through Jose, who ultimately reports to Margaret about men's house activities and necessities.

Ethnographic and interview methods complemented one another. Ethnography allowed me to develop a deeper understanding of the context of migrants' daily lives. In addition to navigating the terrain of Houston's medical district and volunteer expectations at JyP, migrants also negotiated what care would look like among one another at the

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[71] Those who require elevated levels of medical attention are directed to Houston's medical district for care, but as discussed in Chapter 2, health care services are contingent on the possession of a photo ID.

[72] I elaborate on these spaces in Chapter 2.

men's house. Through ethnography, I observed and participated in forming a range of migrants' experiences. Interviews, as a complementary method, helped clarify the meanings associated with these experiences. In this way, both methods allowed me to observe, code, and analyze the relational nature between identity formation and negotiation. Within the purview of this chapter, my analysis centers on the meanings of masculinity and citizenship that migrant men develop vis-à-vis their caregiving. Following JyP's framework, I conceptualize care beyond medical attention to include activities and services pertaining to social connection and emotional support. The analysis that follows demonstrates not only how the men subscribe to particular meanings around caregiving, but also how they negotiate and actively contest such meanings.

An Analysis of Migrant Men's Care

Many of the men at Justicia y Paz (JyP) are critical of the US health care system. Elias, a 75-year old man from Mexico, offered a succinct critique:

> *Elias:* *The health system is about four things: cutting, sewing, pills, and payment.*

For Elias, the health care system is fundamentally about making money; health practitioners offer services to people not because they care about the person, but because these services are profitable. Mario, a 64-year old man from Argentina, echoed this sentiment:

> *Mario:* *Well the medical establishment here, my friend, stinks. You have to be very careful especially when you go to a public hospital because young doctors tell you that you have to do surgery and this or that and it's all bullshit . . . . The only thing they want to do is practice on your body . . . . I mean, I don't like the medical system in the United States at all. People from outside think it's wonderful. I don't think it's wonderful. It's all business. Suddenly everybody is taking the same medication. You know*

> *why? Because the labs are telling the doctors to push that medication, and even if you don't need it, you're taking that medication.*

Similar to Elias' perspective, Mario sees the medical industry as predatory and impersonal, ready to capitalize on illness to the fullest extent. Both men's views reflect critiques of the health care system as being too engrossed in capital gain (Waitzkin, 2000, 2005a) and adopting the view that human suffering is strictly a bodily, rather than social, experience (Davenport, 2000; Foucault, 1975; Holmes, 2012, 2013).

Although migrants contend with particular volunteer expectations to be regarded deserving of care at JyP[73], the organization itself operates as a space where migrants may reconceptualize care as more than medical intervention. In Elias' parlance (translated from Spanish): "medicine addresses the symptoms, but it does not heal the illness." Although medical consultations, prescription drugs, and specialist services are important to migrants' well-being, they are insufficient in and of themselves at addressing social experiences of illness, which vary along intersecting axes of power like gender, race, class, and nation. Following the philosophy of the Catholic Worker Movement (Coy, 2001; Deines, 2008; McKanan, 2008), the migrant men at JyP conceptualize care broadly to include domestic and social activities like cooking for one another, cleaning together, looking after each other, and keeping each other company. In the process of providing care for one another, they impart and contest myriad meanings around what it means to be undocumented male caregivers in a period of limited health care access.

Negotiating What Care Looks Like

[73] I discuss this in Chapter 3.

Every second Saturday of the month, one of the local churches brings a feast to the men's house. Minutes before one of the ayudantes rings the eagerly awaited lunch bell, five volunteers from a local church walk in the kitchen with several foil-wrapped containers of fajita fixings – corn tortillas, grilled chicken, shrimp, steak, sour cream, salsa, cheese, and guacamole. The volunteers also lay out five boxes of peperoni pizza from Little Caesars and containers of Spanish rice, refried beans, and strips of romaine lettuce. On a separate table in the kitchen, the volunteers carefully place three small desserts – a bowl of red Jello and two vanilla cakes.

The bell rings.

A long line of almost sixty men forms outside of the kitchen. The house is fuller today than it is on weekdays. During the week, many of the men visit local government agencies to obtain necessary legal documents or partake in a variety of day-laboring tasks ranging from city landscaping to home repair work. Weekends are different though. On weekends, fewer day laboring opportunities are available, and a majority of government agencies are closed.

As the line slowly moves forward, a few men remain seated, most of them from Room Six. There are twelve bedrooms in the men's house. Those who do not sleep in one of the bedrooms generally make a bed out of the twenty or so donated couches sitting in the men's house living room area. Room Six is reserved for men who require the most consistent medical attention, such as Santiago and Elias. Jose, the house's manager, skips to the front of the lunch line, prepares an assortment of plates, and brings them back to Santiago and Elias, offering a light-hearted "buen provecho![74]"

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[74] Translated, "enjoy your meal!"

No more than ten minutes pass before all of the men are seated at one of the three long wooden tables, eating, laughing, and enjoying each other's company. Looking around, there wasn't a single person in the house without a smile on their face, even if just a small one.

***

The above vignette illustrates a moment when the men come together to share a meal. The bell rings, the men fall into line, and no one reacts negatively to the extra attention Jose provides to Room Six residents. The men know that this extra attention will be given, and they display trust in Jose's discretion to ensure that those who need extra care receive it. Notably, the scene reflects a set of internalized normative beliefs pertaining to expected behavior in the men's house and particular understandings of care – that is, who receives it, to what degree, and in what form. Some men view the institutional configuration of the men's house in favorable terms. Raymundo, a Cuban man in his mid-twenties, described his experience: (translated from Spanish):

> *Raymundo: I've had a very good experience here, they gave me a bed to sleep, they gave me food, they gave me all of the information I need to get my papers faster, and it's all free.*

Miguel, a Mexican man in his early 50s, responded similarly. When asked how he felt at the men's house, Miguel said (translated from Spanish):

> *Miguel: To be honest I feel very good. I feel like this is my family. We're a family, and as long as you stay out of trouble and you don't interfere with other people's business then it's all good.*

Both men assert a positive reception of the men's house. Though not everyone would characterize the men's house with this level of cohesion.

Nation and race significantly affect the nature of caregiving at the men's house and are common sources of tension, particularly between Cubans and Latin Americans predominately from Mexico. Much of this is due to the fact that Cubans have access to resources most other Latin Americans are denied. The Cuban Adjustment Act of 1966 grants newly-arrived Cubans parole status that allows them to apply for lawful permanent resident (LPR) status after a year of residency and then, after five years, US citizenship[75]. The act also makes Cubans eligible for a range of benefits, which Raymundo, a 29-year old Cuban, explained (translated from Spanish):

> *Raymundo: The government gives you financial support to pay rent. They give you food stamps . . . free English classes . . . medical support, Medicare, and they give you social security so that you can live like any other American when you retire. They give you what you need to start a new life from scratch.*

Many non-Cuban men see these benefits as unwarranted and conducive to malicious behavior. Manuel, a 45-year old Chilean man, shared his thoughts on this (translated from Spanish):

> *Anthony: Do you think things are fair for everyone at Justicia y Paz?*
>
> *Manuel: No, because some people like Cubans have more rights and benefits than people from other countries. It's all different for them.*
>
> *Anthony: Can you please explain those differences?*
>
> *Manuel: [Cubans] have rights . . . . They play with those rights. They often look for ways to cheat, and it's not fair to other people.*

Mario characterized Cubans in similar terms, calling them all "liars, thieves, and manipulators." In a separate conversation he stated:

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[75] For more information, see https://cu.usembassy.gov/visas/immigrant-visas/cuban-parole-programs/

> *Mario:* *[Cubans] don't come here to work. They just come here to do drugs, drink, or some other illicit activity. That's why so many of them end up in jail.*

This racialization and criminalization of Cubans is pervasive among non-Cuban migrant men at JyP. At the same time, both groups racialize African Americans in welfare and criminal terms. Jeremy, a Cuban man in his mid-twenties, stated that "African Americans don't like to work." For Pedro, a Mexican man in his sixties, this lack of work ethic is cultural. He shared, "It's in their culture. [African Americans] don't want to be slaves, so Mexicans have to pick up the slack." Others describe African Americans as criminals. For example, Elias has on more than one occasion referred to African Americans as "banditos" or thieves, and Dylan, a Cuban man in his late twenties, expressed fear of being mugged in a predominately black neighborhood.

These racial discourses set the parameters of racial belonging in the men's house and influence varying modes of care. In other words, what care looks like at the men's house is largely contingent on the social positions (i.e., race, gender, and national identity) of those receiving care. Accordingly, non-Cubans (i.e., Mexicans, Hondurans, Salvadorans, etc.) are generally given, and regarded in need of, care in the form of biomedical services, emotional, and social support, whereas, for Cubans, care pertains to activities conducive to their growth as prospective US citizens (e.g., English classes, support in filling out legal documents for LPR status). This resonates with Sarah Horton's (2004) research. According to Horton, hospital systems play a paramount role in inculcating differential modes of cultural citizenship for Mexican immigrants and Cuban refugees and preparing them for different roles in society. As an important nuance to Horton's work, this analysis finds similar citizenship formation processes in the context

of a non-governmental organizational space where, to a large degree, migrant men make claims around the parameters of their social belonging (i.e., for themselves and other men at JyP). In this context, the men co-construct and negotiate citizen and gender identities, and this is evident in JyP's English classes.

I taught English at JyP's men's house twice a week for eight months, initially with another volunteer named Caleb, but eventually on my own. Because there were new students at almost every class, lessons generally remained basic, covering greetings (e.g., "good morning"), numbers, and various expressions. Although these classes were available to everyone at the men's house[76], most attendees tended to be Cuban. For them, learning English proficiency is a requirement toward obtaining LPR status and eventual citizenship. Therefore, as a form of care, the English classes played a vital role in Cubans' citizenship formation. Notably, however, non-Cuban men requested that I teach the Cubans particular phrases. A conversation with Manuel and Mario, both of whom speak some English, illustrates this:

***

Caleb, another volunteer at Justicia y Paz, writes a few phrases on the chalkboard in preparation of English class: "good morning," "good afternoon," and "good evening." As he writes, about twenty men, most of them Cuban, begin to unfold metal chairs and congregate around him.

I'm sitting at a nearby table with Mario and Manuel. I eyeball the analogue clock on the wall. Class begins in ten minutes.

[76] The women's house has English classes as well. They are generally run by volunteers from the local community.

"I should help Caleb set up," I say.

Manuel nods. "No problem my friend, but I have a request."

I direct my attention to Manuel. "Sure. What's up?"

"The Cubans," Manuel says, "they need to learn how to ask for things, to say please, and thank you."

Mario chimes in, "This is true. They don't ask. They demand."

"It's about gratitude," Manuel says. "You remember?"

"I do," I say, recalling an earlier conversation Manuel and I had shared. "An attitude of gratitude, right?"

"Exactly!" Manuel smiles. "This [space] is a church. It's about respect."

***

The above vignette illustrates a moment of citizen and gender identity negotiation. Manuel and Mario men are clearly cognizant about the English classes being a mechanism of socialization and ask me to teach the Cubans how to be polite and grateful. In doing so, they demonstrate awareness of the fact that the classes are not simply about imparting knowledge about the English vernacular, but also about inculcating normative behavior. Meanings around what it means to be a citizen and a man are actively constructed in these English classes. For example, many of the phrases I taught during these classes had to do finding work. As per the men's requests, I taught phrases like, "how much will I get paid," or "I'm looking for a job". In doing so, I participated in preparing the men to contribute to the political economy in a particular way –

specifically, in mostly day-laboring capacities[77]. In another example, Charles, a volunteer that took over the classes when I stopped, imparted cultural understandings about gender. I walked in on one of his lessons and heard him teach the men to say "that chick is gorgeous," a phrase which objectifies and dehumanizes women. Manuel and Mario characterize the Cubans as demanding and ungrateful, gendering Cubans within the auspices of hegemonic masculinity, a framework which trumpets aggressiveness, fortitude, entitlement (R. W. Connell, 1987, 2002; R. W. Connell & Messerschmidt, 2005). Thus, when they ask me to modify my lesson, they attempt to embed prescriptions for masculine and citizen identity into a mode of care (i.e., the English classes) that is designed to facilitate Cubans' citizen identity formation.

Managing Migrant Men's Care Work. Along with the English classes, all of the services provided at the men's house are managed by Jose, an undocumented Mexican man in his late thirties. Jose arrived at Justicia y Paz in 2009. During this time, a man named Brandon worked as the manager of the men's house. Jose was not a fan (translated from Spanish):

> *Jose:* *The person in charge wasn't here a lot. He worked outside from Monday to Friday, and when the person in charge is not here, things get messy . . . . it was a disaster, there was zero organization, no one washed the blankets, no one cleaned the beds, the house was a mess. People only cared about coming here to sleep, but they didn't care if the building was falling apart. People were drunk and drugged, but I couldn't do anything about it because I wasn't in charge.*

In Jose's view, Brandon entirely ignored the domestic labor involved in care work. Obligations like cleaning, cooking and maintenance were eclipsed by Brandon's desire to

[77] Regardless of nationality, most of the men participated in the day-labor workforce at some point during their time at Justicia y Paz.

obtain work outside of the organization and make money. In 2010, Brandon left JyP. Larry, co-founder of Justicia y Paz (JyP), then asked Jose to take over as manager of the men's house. Jose accepted and has since been running the men's house in a firm albeit not entirely popular way (translated from Spanish):

> *Jose:* *Maybe some men were 'machistas' [chauvinists] back at home and following the rules here is hard for them. Men like that think that no one can tell them what to do because they used to be like that at home, but not here.*

For the next several years, Jose managed the men's house in a different way. With the assistance of the fourteen ayudantes, his aim was to enforce a set of rules that would maintain order in the men's house and ensure that domestic caregiving services would be shared. Those who did not abide by the rules of the men's house were not automatically ejected. Jose explained (translated from Spanish):

> *Jose:* *People here sometimes ask me 'why don't you just throw them out?' But I won't do that because they're human beings. Sometimes people from different countries have different customs and traditions, but when they get here they must adapt slowly. Nobody's perfect and you must give them time to adapt, and you must learn how to deal with them. Sometimes I give those people things. Like when nice clothes come in, I let them choose something nice, and I try to get their trust . . . . I just give them positive things and positive attitudes so that they could learn from that. You know? Sometimes when the ayudantes gave me a juice, or something like that, I would give it to those people so that they could learn positive things. I helped them in everything they needed and most of the time, they ended up changing their ways. Some ayudantes didn't agree with my way of doing things, but I'm well aware that this house is about mercy.*

Although framed as a form of mercy, Jose describes care here in assimilationist terms. He portrays those from other countries as having difficulty in adapting to a new environment. To facilitate their adaptation, he relies on positive reinforcement instead of punishment.

Put another way, Jose uses care to teach the men a set of norms and expectations about what it means to reside in the men's house. Under Jose's management, the men are expected to share the responsibilities of domestic labor (e.g., cleaning, cooking, and taking care of the sick)[78], and through these activities, they learn/reconfigure the parameters of their social belonging.

Interestingly, during the course of the ethnography, the men did not express discontent with having to do domestic caregiving labor. Rather, and as an important nuance, any discontent they expressed had to do with perceptions about other men were not carrying their weight in this labor. For example, Efren complained that Mario "never does nothing" around the men's house. Mario characterized Ricardo, a Cuban man in his forties, as someone who "sleeps all day and eats. That's it." Rodney, an Honduran man in his mid-forties, described all Cubans as a group of people who "don't respect nobody." A commonality in these examples is that the men's participation in domestic caregiving is the rule, not the exception. Jose, the ayudantes, and all the men in the house operate in a space where care work is central to their day-to-day lives. That men perform care work at JyP is not in and of itself contradictive to hetero or normative masculinity; in an all-male space like JyP's men's house, such labor is required. However, the meanings of masculinity and citizenship that men inculcate through their care work can potentially challenge hegemonic ideas pertaining to masculine and citizen identities.

Even though caregiving is constructed as something everyone is expected to participate in, it can still be regarded as invisible labor. This is particularly evident in the

[78] They are also expected to partake in organizational activities that capitalize on their manual labor power (e.g., food distributions, picking up furniture, etc.). The implications of this is discussed in Chapter 3.

case of Jose. His position at the men's house is unique. It is Jose's responsibility to make sure that the men receive whatever care they need and manage their labor power vis-à-vis the organization's myriad activities. Unlike Brandon, Jose devotes all of his time to the men's house. He never leaves the organization to find work, and with the exception of volunteers, he is often the last person to go to sleep each night. His permanence within the men's house is significant. It places Jose in a maternal role similar to that of the migrant mothers that live at the women's house, albeit in slightly nuanced ways. Both groups have to attend to the needs of others (i.e., Jose cares for the men; the migrant mothers care for their children), and unlike everyone else (i.e., other migrants and volunteers) at JyP, neither group is able to make money. Without a daycare at JyP, which was formerly proposed but rejected, migrant mothers are unable to leave the women's house if their children are not old enough to be in school. They are also unable to seek employment that would keep them out of the organization past 5pm[79]. Similarly, Jose is unable to leave the men's house because someone is always in need of care. Thus, despite the active reconstruction of masculinity that Jose and others perform at the men's house, a hegemonic devaluation of care work persists. Jose and the migrant mothers operate in relation to this patriarchal framework, and both groups encounter its consequences.

Jose is not formally compensated for his care work, and his status as the men's house manager renders him both powerful and powerless simultaneously. As a result, other men have suggested that he relies on a set of informal practices to make money.

[79] This rule is specific to the women's house. There is no ayudante system at the women's house, so the women volunteering there are manage all of the needs that flow in and out of the women's house. The 5pm rule is a way giving the women volunteers a chance to break from an otherwise 24-hour volunteer shift.

This includes accepting a form of commission from Trevor, a third party contractor who routinely asks Jose to find him workers to fill dishwasher positions across Texas and Louisiana[80], and bribes from other men at the house in return for leniency on the rules (e.g., sleeping in past the 5am or staying at the organization past the allotted ten days). When asked about how he made money, Jose indicated that that some of the men compensated him as a way of expressing gratitude (translated from Spanish):

> *Jose:* *Some ayudantes see that, you know, they see I don't work. So they invite me out for dinner. They give me five or ten dollars because they want to, because they see my hard work, and even if I don't want to receive that money they give it to me because they know I'm working hard and they want to help me, but I never tell them to help me. They pay [for] my phone, you know, because I don't have any money and I don't think it's a bad thing.*

Jose highlights an important negotiation about the value of care work here. When he initially indicates "[the ayudantes] see I don't work," he characterizes his own care work as an invalid form of labor. For Jose, caregiving in this context does not constitute a form of "work" because it does not yield economic return. From this perspective, he does not recognize the importance of care work in modern-day capitalism. As feminist critiques have shown (Barrett, 2014; Gutierrez-Rodriguez, 2014), women's invisible care work has historically operated as a form of unwaged labor that enables men's capitalist endeavors outside of domestic spaces. In this context, Jose's care work ensures the social reproduction of other men's labor (i.e., within and outside of JyP). Notably, when the other men give money to Jose (i.e., in the form of payment and/or gratitude), they authenticate the connections Jose imagines among care work, economic capital, and

[80] This is elaborated on in Chapter 3.

value, making Jose's care work meaningful only when it is supplemented with financial gain.

The Potential for Care as Political Resistance. Within the context of the men's health care exclusion, care potentially operates as both a service (i.e., to other migrant men) and form of contestation or political resistance (i.e., to the state). The relationship between Elias and Joseph exemplifies this.

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The men and I were almost done with our dinner, an assortment of donated foods: canned tuna, chunks of bread, strips of chicken, and the usual rice and beans. When the men finish eating, they're expected to dump any remaining food and plastic utensils into a large trashcan, take their plate to the kitchen, thoroughly wash it, and place it back on a large rack to dry. From here, they stratify their cleaning duties – some mop the dining room area; others take out the trash; and a few wipe down the seats and tables. Everyone is involved in some way except the volunteers and Room Six guests. This includes Elias and Joseph.

At 75 years old, Elias is almost thirty years older than Joseph. Both men move slowly. While Joseph's limited mobility is a result of car accident years prior to joining Justicia y Paz, Elias' movement depends on the level of pain he feels in his left leg, which is infected with cellulitis. Joseph balances across the floor with a gradual walk. Elias, on the other hand, uses a cane. Despite the pain Elias may feel, he almost always does things for Joseph.

"Listo?" Elias asks, reaching for Joseph's plate. "Are you ready?"

Joseph looks up at Elias and responds in an almost unnoticeable nod. He hands Elias his plate.

"Yeah. Okay." Elias says. With two plates in hand, he slowly stumbles across the dining room. The other men continue cleaning and get out of Elias' way. Apparently everyone moves for Elias, and he moves for no one.

Joseph stands up, walks over to Room Six, and enters. Elias returns.

"Where is he?" Elias asks me.

I point to Room Six: "He went to the room."

"Ah, okay." Elias responds. He continues slowly: "Listen. Joseph is not doing so good. He needs more medicine, and he is depressed. Maybe you or somebody can get him more medicine."

"Okay," I respond. "Thanks for letting me know, Elias. I'll see what I can I do."

***

Elias is almost always at Joseph's side. In addition to assisting Joseph with mundane day-to-day activities and providing him constant social and emotional support, Elias also keeps me and other volunteers informed about Joseph's medical needs. On one hand, Elias' care for Joseph is a service. Aware that the volunteers of Justicia y Paz attend to a variety of needs, Elias acts a personal caretaker to Joseph and watches over him for nearly twenty-four hours a day. Moreover, Elias is also the most cognizant of Joseph's mental and emotional state. On the other hand, Elias' care for Joseph is political. Like other migrants at JyP, Joseph is undocumented and faces legal exclusions from the health care system. Fortunately, Joseph has been able to obtain a one-year renewable Gold Card through the county's Harris Health System, which acts as a financial

assistance plan that allows him to obtain care in Harris County at no costs. However, this is only a temporary measure, and there is no guarantee that Joseph will receive Gold Card assistance in the future. His most reliable source of care is Elias. The capacity for care to operate as both a service and form of political resistance adds nuance to feminist conceptualizations of care. Feminist work on care has highlighted the distinction between "caring for" and "caring about" others, the former referring to care's practical tasks and the latter pertaining to care's affective relations (Lynch, Baker, & Lyons, 2009; Ungerson, 2006). The relations among the men at JyP add "caring with" to these feminist considerations of care, which highlights care's potential for solidarity. All three conceptualizations of care reflect a political dimension of care work. Care work renders otherwise invisible suffering legible, highlights affect as an important form of labor, and enables individuals to call out shared oppression.

When Elias cares for Joseph, he simultaneously cares with him, joining together in solidarity to challenge the political structures that facilitate their systemic exclusion. In other words, the nexus of immigration and health care legislation is not designed to attend to the needs of the nation's undocumented. Migrants' survival in the context of today's immigrant health care regime is exceptional and, by extension, a form of political resistance – a bold message to the state: we are here, and we are alive. Elias' statement captures this sentiment:

> *Elias:* *I'm not scared of dying. You can't avoid death, but that doesn't mean I'm going to give up. No sir. As long as God gives me life, I'm going to be walking and working. You can never have negative thoughts. Always think positive. Get out of that bed. You're going to lay down a lot when you die. Then you'll be able to sleep all the time you want, but now, enjoy life. Walk. I walk even though my feet hurt. As long as I have the strength, I'm going to be walking up and down. I'll get to rest when I die.*

In this statement, Elias asserts an unyielding determination to live. The political dimension of his care work thus extends to his own life. That is, care as contestation pertains to both the care he provides to others and the care he provides to himself (i.e., with the support of other migrant men). Through his care work for others and himself, he (re)claims the terms of his social and political belonging. Elias' claim to life goes beyond 'bare' existence (Agamben, 1998) and includes a legal, sociopolitical existence. This adds to scholarly discussions pertaining the care work and citizenship. As Lister (2007b, 2007a) clarifies in her review articles, an ongoing scholarly debate surrounding caregiving and citizenship pertains to whether care constitutes political citizenship. In the context of male migrant caregiving, this analysis finds affinity with Kershaw's (2010) contention that caregiving may be conceptualized as an act of political citizenship. Nuancing this with Bloemraad's (2018) framework, care is a domain where citizenship claims-making can take place.

Connecting and Learning through Care

Efren and I sat in the kitchen. We had been talking for a little over an hour. Although he decides to speak to me in English, he is difficult to fully understand. Having survived more than one stroke and heart attack, his speech is a bit mumbled. Toward the end of our conversation, he brings up a topic I was not prepared to discuss.

"You know what, Anthony?" Efren begins. "I think this year that I am going to die."

I'm caught off guard with the statement and straighten my posture. "Why do you say that?"

"I think about Aurelio," Efren says. Aurelio was a 76-year old man who stayed at JyP and recently died of cancer. Efren continues with a small chuckle, "and think, maybe I am going to be next."

I'm at a loss for words. This is not the first time Efren has talked about dying. The tone in his voice did not signal any suicidal contemplation. Instead, it conveyed a calmness or coming to terms with the end of life. He reads my face and knows I am struggling to find the right words.

"It's okay, Anthony," Efren says. "It's okay. I think that when I die, maybe I will see Aurelio. And I will say: 'Hey man! Let's go get some tacos!"

We both laugh.

"I should probably get going, Efren," I say. "I have to take some of the guys to their appointments."

"Okay Anthony. Thank you, Anthony," Efren says. As I begin to stand up he continues, "Let's talk again, every day!"

I know it will be difficult to commit to meeting with Efren every day, but I offer the most that I can.

"We'll definitely try," I say with a smile. "See you later."

***

One of most pivotal aspects of care that the men provide to each other at JyP is social connection. Health practitioners generally undergo a process of professionalization where they learn to detach themselves socially and emotionally from patients (Davenport, 2000; Foucault, 1975; Holmes, 2012). At JyP, the volunteers can provide some level of social connection, but their schedules are unpredictable. Thus, most of the social

connections that are fostered at the men's house develop among the migrant men themselves, which has implications for migrants' citizen identity formations. Bloemraad (2006) notes: "Especially for immigrants who face language barriers, unfamiliarity with mainstream institutions and weaker ties to native-born citizens, fellow immigrants and local organizations critically shape how they think about citizenship" (p. 668). In the context of JyP's men's house, social connection operates as both an avenue toward socialization and a way for the men to commiserate and share in each other's daily struggles. With relation to health specifically, any moment in which the men connect on a social and/or emotional level is conducive to their physical, emotional, and mental well-being. The relationship among Jose, Joseph, and Santiago provides a case in point:

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"Good morning, Anthony!" Jose says enthusiastically. I'm sitting at one of the dining room tables with a few other men, including Joseph. Standing over me, Jose brings his right hand up to face in salute formation and continues with a single word: "Bing!"

I smile. "Hello, Jose."

"Ah, and here is my friend, Joseph," Jose continues, shifting his attention to a now smiling Joseph. "Good morning, Joseph." Jose goes into salute formation. "Bing!"

Joseph laughs, returns the salute and softly mutters, "Bing!"

"And one more!" Joseph declares, walking over to an adjacent table where Santiago sits. Jose extends both arms to Santiago and announces to the room: "Hello everyone. Please allow me to present to you, Mr. Santiago Rivera!"

The men in the room go into a light chuckle, and Santiago, with a small grin, shyly offers a small bow from his seat.

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These interactions among Jose and the other men are common. Jose is conscientious about acknowledging the men. When he salutes the men and says "bing," he directly validates and makes a claim about the value of their existence in the men's house, which, given the men's exclusions from various institutions of US society, is particularly meaningful. In many cases during the latter months of the ethnography, Joseph would mimic Jose's interaction pattern. On numerous occasions, he pointed at me with a wide grin and said, "bing!" Generally, I would reply by simply pointing back at Joseph and saying "bing" in return. The exchange was so modest but meaningful to Joseph; it validated his presence and imparted a sense of value in his well-being. Santiago's interaction with Jose is also meaningful. As a result of an aforementioned accident, Santiago struggles with adverse mental health and reduced cognitive abilities. He commonly sits alone and does not speak to anyone. When Jose introduces Santiago to others in the room in an exaggerated fashion, as he does with many others in the men's house, he presents Santiago as someone to be celebrated, respected, and loved. Although his mental illness positions him within one of the most stigmatized groups in society (Stuart, 2008), Jose and the other men routinely connect with Santiago and treat him as an equally-valued member of the house.

There are plenty of opportunities for the men to connect with one another at JyP, and this is not limited to the men's house. As discussed previously[81], the men play an

[81] See Chapter 3.

integral role in JyP's aim to serve the broader community. They participate in the organization's bi-weekly food distributions, which take place at the women's house, and almost any activity that requires manual labor. For example, any time volunteers bring donated items to JyP, the men are called upon for assistance. Generally, volunteers call Jose directly, who then recruits five to fifteen men for the job. With the exception of Room Six residents, all the men are expected to participate in these activities, and many of them express excitement about doing so. Many of them use the activity to test and display the limits of their strength. Volunteers, such as myself and Javier (a man in his 20s) also participate in this. For example, Javier and I helped three other migrant men move a refrigerator out of a house and into JyP's truck. After doing so, Javier jumped out of the truck with excitement:

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"Yeah!" Javier exclaims. "We did it! Arrrrghh!"

He proudly flexes his biceps for me and the other three migrant men. We stand in a circle and laugh at the spectacle. Clearly we are witnessing something exceptional.

"Look!" Javier continues. He points to a large cut on his hand. "Let's see yours too."

Javier extends his arm into the center of our circle, suggesting that the rest of us do the same. Amused with the proposition, we show our hands. Although we all have a few light scratches, Javier is the only one who has drawn blood.

"Aha!' Javier celebrates. "I got you guys beat!"

We continue laughing and acknowledge our defeat.

***

Moments like this are not atypical. It is common for the men to reward one another for displays of fortitude and, conversely, emasculate those who appear weak or fragile. Another example of this is evident during a routine activity when the men unload boxes of food from the Food Bank. These boxes generally weigh between 20 and 40 pounds each. When the men unload these boxes from the truck, they place them into a shopping cart and push them into the women's house. Competition almost always ensues, and the men see who can hull in the most boxes.

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"Wow," Jose says with a large smile, gathering the attention of other nearby men. "Look at Anthony. He is very strong!"

I had just loaded three boxes onto my cart, equivalent to what most of the other men were doing. I laugh and reply, "I have to keep up with you, Jose!"

"Anthony is like Superman," Jose says. He lowers his voice: "Very strong!"

I laugh. Paul, an Honduran man in his mid-twenties, chimes into the conversation.

"Hey Jose," Paul says. He gestures toward his cart, which is also filled with three boxes. "What about me?"

Jose thinks of a moment and responds. "No, Anthony is like Superman. You are like Superboy."

We laugh. Paul shakes his head in disagreement and asks Jose "Well, what about you?"

"Me?" Jose replies. "I am like older Superman."

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This is not the first or last time Jose maps comic book characters onto men's performances of masculinity. In doing so, Jose adopts a hegemonic paradigm of masculinity that measures manhood in relation to superhero level strength. Notably, he emasculates Paul not by aligning him with femininity (e.g., calling him girl), but rather, by infantilizing him and characterizing his masculinity as prepubescent (i.e., referring to him as a boy). "Superman" serves as the reference category from which degrees of masculinity are evaluated. In this context, "superboy" conveys inexperience and underdevelopment – Paul has not yet met the strength metrics of masculinity. "Old superman," on the other hand, denotes a form of masculinity that has already satisfied conditions of fortitude – Jose has already proven himself a man.

These moments of sociability are important because they complicate negotiations of masculinity and citizen identity in the men's house. Although the men's care work challenges conventional understandings of caregiving as "women's work," it does not, and perhaps cannot, negate the persistence of patriarchal structures of society that reward, value, and culturally reproduce hegemonic masculinity. When the men connect with each other, they reference and participate in the (re)production of masculinities as depicted in popular culture. The following vignette presents an example:

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It's a summer Saturday afternoon and nearly all the men are spread across the living room watching a 1978 film called "Drunken Master." This is not the first time they've watched a Martial Arts film. Jose loves these films and shares a different one with the men almost every week. I stand in the back of the room and meet eyes with Rodrigo, a 79-year old Mexican man. His eyes widen.

"You want a seat?" Rodrigo asks. He stands up and offers me his chair, a leather office chair with ripped padding. It's one of JyP's many donated luxuries.

"I'm fine. I'm fine." I whisper. "Thank you."

He nods and continues to watch the film. The film's protagonist, Wong Fei-Hung (Jackie Chan), has apparently found himself in a difficult situation. He is surrounded by several other men intent on beating him up. Wong jumps into Kung Fu mode. The men watch with amusement as Wong performs high round-house kicks, lands impossible punches, and takes the occasional hit. With every mistake that Wong makes, the men at the house erupted into laughter.

The film allowed the men to come together and temporarily pause the stressors of their daily lives. They were not thinking about obtaining birth certificates, finding work, or making medical appointments. They were simply connecting with one another, sharing in social activity where every axis of their marginality – be it race, class or nation – could, for a moment, feel irrelevant.

In subsequent weeks, the men and I mimicked what we saw on "Drunken Master." After unloading some furniture into the men's house, Jose, Jonathan, Paul, Ricardo, Joaquin, a Cuban man in his late 20s, and I took turns seeing who could perform the highest round-house kick.

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As the above vignette illustrates, watching films together allows the men to connect with another and briefly contest the conditions of their legal/social exclusion. Simultaneously, however, the film imparts particularized understandings of masculine identity – specifically, it champions a type of brute physicality that both migrants and

volunteers attempt to replicate. This is not to suggest that the men are passive receptors of cultural messages embedded in popular media. Rather, every moment of social connection at the men's house presents an opportunity for the men to negotiate the gendered terms of their social belonging in relation to these messages. The caveat, however, is that the men do not construct the parameters of masculine (and citizen) identity on equal terms. Jose's status at the men's house manager significantly augments the degree to which his ideas and claims about masculinity become normative expectations within the men's house. When asked why he shares these films so often, he replied (translated from Spanish):

> *Jose:* *When I was a child, I watched movies that were violent, with guns and stuff like that . . . . I spent many years watching those movies and I got tired of that. I wanted something different, not just guns and death, so I like Kung Fu movies because there's talent. They make real efforts, you know? When you watch behind the scenes they kick and hit but it's just movements. They don't really hurt each other, and it requires talent to achieve that. I admire them. I don't like fantasy movies either. I like movies that are real . . . . it's real what they do. There is no fiction.*

For Jose, Kung Fu represents an authentic form of masculinity, one that runs contrary to, rather than as a complement of, masculinities that boasts "guns and death." When he shares these films with the men, he attempts to establish a conceptualization of manhood that does not line up with hegemonic masculinity. Nonetheless, he is only partially successful at doing so. For many of the other men at the house, these films are viewed as necessary opportunities for connecting with one another and fostering a sense of citizenship and belonging that does not necessarily exist outside of the men's house. At the same time, social connection as a component of caregiving at the men's house results in varied understandings of masculine identity that do not fully align with, nor completely

escape, hegemonic masculinity. This echoes previous scholarship. Several cases suggest that nonhegemonic visions of masculinity are not enough to dismantle hegemonic masculinity itself (Campbell & Carroll, 2007; R. W. Connell, 2002; Henson & Rogers, 2012; Williams, 1995).

Conclusion

This chapter explored what care means to migrant men who provide care to one another in a US-based NGO called Justicia y Paz (JyP). In short, the meanings migrant men develop through their care work vary and reflect the contested nature of caregiving as a domain where claims about social belonging may be made. In the context of migrant men's intersectional marginality, care work potentially operates as a form of contestation. Through their care for one another, migrant men challenge the gender, racial, and legal terms of their social exclusion and make claims about what citizenship and social belonging should look like. These claims, however, do not necessarily reject hegemonic masculinity or legal-based conceptualizations of citizenship. Largely as a result of their different social positions, Cubans and non-Cuban groups understand care differently. While the former conceptualizes care as a means toward realizing US legal permanent residency and eventual citizenship, the latter approaches care as a means of survival, which in the context of their health care exclusion, has political implications. Moreover, the men have difficultly connecting with one another without drawing on popular culture references that, to some degree, align with tenets of hegemonic masculinity.

The principal theoretical implication of this research is that citizenship claims-making agency is relational. While formal laws and normative beliefs about social

membership do factor into the recognizability and power of particular citizenship claims, those who make these claims are always differentially located along axes of power like race, gender, class, and nation that delimit claims-making capacity and inspire heterogenous visions of what social belonging should look like. Although migrant agency is trumpeted as a central component of a citizenship as a claims-making process theoretical framework, such agency does not automatically result in rejections of power or visions of social belonging that fortify, rather than dismantle, migrants' marginalization. This inspires a point of inquiry for future research both within and beyond the focus of male migrant caregiving. Namely: When and why do migrants make citizenship claims that perpetuate their social subjugation?

On a practical level, this research inspires support for spaces where migrants provide care to one another. Within these spaces, migrants share similar degrees of political disenfranchisement where solidarity is possible though potentially contentious. Moreover, it is within these spaces that migrants may reimagine the terms of their social belonging and establish sociolegal existence without the consent of the state. To be sure, limitations in this study rouses the need for future research. First, this study explored migrant men's care for one another in a context where their caregiving practices operated in support and as an extension of JyP's Catholic Worker Movement philosophy, which conceptualizes care in broad terms. Future work should examine migrant men's care for one another in dissimilar spaces; the political dimensions of care are expected to vary. Second, and relatedly, my analysis is based on observations of a space that is structurally segregated by sex/gender. It is reasonable to assume that male migrant caregiving practices may look different in coed settings. While the

presented analysis illustrates care as a mechanism for reconfiguring citizenship and masculinity specifically, future evaluation of care in coed settings would expand our relational understanding of gender in migrant caregiving spaces. Third, this study acknowledges sexuality as an important, albeit, missing aspect of gender identity.[82] Scholars would do well to explore the politics of desire and affect in care work performed by and for migrant men in future research.

[82] I am planning to write a separate article on this (i.e., outside of the dissertation).

Chapter 5 – Conclusion

"Medicine addresses the symptoms, but it does not heal the illness." (Translated from Spanish)
– Elias, 75-year old man from Mexico

This dissertation sought to examine how undocumented immigrants navigate today's health care system, and with what consequences. Drawing on data from 36 in-depth interviews, over 200 informal interviews, and an 11-month ethnography with an NGO in Houston, Texas called Justicia y Paz (JyP), which exclusively serves undocumented immigrants, I found that care is important though insufficient at addressing immigrant health disparities, and in some ways, today's health care system makes things worse. Elias' statement above reflects this. In the context of today's post-Affordable Care Act era, the health care safety net that undocumented immigrants have historically relied on is shrinking, and migrant-serving NGOs that shoulder the responsibility of care – even those like JyP with progressive aims – have limited recourse for envisioning and shaping a truly equitable health care system.

Adopting Harsha Walia's (2013) border imperialism as theoretical arc of this dissertation, I argued that illegality is not simply a determinant of but also determined by health disparities. My findings support this argument. The central finding of my dissertation is that today's health care system not only addresses but constitutes migrant vulnerability and suffering. Against intuition, health care is not the solution to immigrant health disparities. Embracing this unsettling finding requires making strange the familiar idea that care is inherently benevolent, politically transcending, and in and of itself transformative. My empirical chapters – each dedicated to a particular level of care (i.e., the medical district level; NGO level, and migrant level) – reveal that the health care

system operates in many ways like a border. Houston's medical district acts as a mechanism of border control that regulates and subjects migrants to new forms of vulnerability and exploitability. Justicia y Paz, though intent on manifesting health equity, inadvertently (re)produces racialized notions of deservingness that incite further health disparities. Lastly, the care migrant men provide one another operates as a form of political contestation and provides a means for claiming new modes of citizenship identity.

Consistent across all three empirical chapters is the theme of legibility. My dissertation illustrates that health care is premised less on legality (i.e., being documented) and more on legibility (i.e., being recognizable to health care practitioners in particular ways). At the medical district level, migrants were not denied health care on the basis of their undocumented status; they were denied care because they lacked IDs. This lack of ID rendered their illegality illegible to the state, making them untraceable and – of utmost concern to the state – unmanageable. Within JyP (i.e., the NGO level), migrants' reception of care depended on their racialized legibility as migrant workers and welfare-dependent. Consequently, they were subjected to exploitative settings within the Houston metro (i.e., mostly white, suburban neighborhoods) and, within the auspices of the Catholic Worker Movement, racialized as perpetually dependent. At the migrant level, caregiving served as the mechanism by which migrant men could make their suffering legible. Through their care for one another, they negotiated claims about the gender, racial, class, and legal terms of their social belonging.

In short, the distinction between identification (IDs) and identity cannot be overstated, and this distinction carries with it significant implications in other institutional

contexts like prisons, schools, airports, and any other space where identification subtly supersedes identity. The ID facilitates state's capacity to recognize someone, to make their being legible and authentic. They are arbiters of intersectional and moral worthiness Without them, one's identity is void. It's not enough to have an identity. The state has no vested interest in one's identity. Identities are too complex for the state, too messy and disruptive. The state can only contend with the plastic artificiality of a person's being. ID's can be controlled. Identities need not be. Identities are powerful; they're creative, and in the eyes of the state, they are dangerous, anarchist and transformative.

Reiteration of Contributions

This dissertation makes a number of theoretical contributions. First, my research attests to Wacquant's (2009) prediction that the welfare (i.e., left hand of the state) and carceral (i.e., right hand of the state) would eventually converge. This inserts my work into ongoing conversations about the relationship between health care and the state (Hartmann, 1995; Luibhéid et al., 2018; Paltrow & Flavin, 2013; Park, 2011b; Roberts, 2014). Relatedly, this dissertation contributes to debates within medical sociology that pertain to medicalization and its driving forces. Joining others who have suggested the burgeoning influence of market interests in medicalization (Clarke et al., 2003; Conrad, 2005; Conrad & Leiter, 2004), my dissertation elucidates migrants lived experiences in a period when health care and immigration – two of the nation's most lucrative industries – are increasingly emboldening one another. Lastly, my work provides important insight about the interplay between care work, masculinity and citizenship in a US-based context. Little research has examined the meanings of care to migrant men who provide care to one another. This research contributes to analyzes of caregiving and masculinity

(Campbell & Carroll, 2007; Kirsi et al., 2000; Russell, 2001; Thompson, 2002) with additional attention to nation.

On a practical level, this dissertation presents considerations for health care practitioners and immigrant advocacy organizations dedicated to eradicating immigrant health care disparities. Given the way that the health care system is set up now, health practitioners are automatically (i.e., bureaucratically) beholden to a set of professional practices that furthers migrant morbidity and, in more extreme cases, mortality. However, health practitioners, especially those in private settings, wield significant lobbying and bargaining power in changing the configuration of the health care system today. This dissertation provides testament to the lives of those unaccounted for in today's health care system. I encourage health practitioners to reference this and related work, learn from it, share it, and be outraged by it. The oath to "do no harm" is important but remains alarmingly passive. To "do good" requires action, courage, collaboration and intention. For immigrant advocacy organizations with progressive aims, this dissertation inspires considerations about what health equity could/should look like. Specifically, my research suggests that NGOs like JyP should take careful stock about whether and/or how its aims and activities potentially subject migrants to the very relations of subordination they are attempting to dismantle. For both health practitioners and immigrant advocacy organizations, a reliable way to ensure justice is listen to and follow the lead of multiply marginalized populations.

The United States vs. Other Health Care Systems

The US health care system has a far way to go. Relative to other health care systems in high-come countries, the US system may be characterized as bold, but weak.

Its health care spending per capita is higher than every other high-income country in the world, but it constantly ranks among the lowest in terms of performance (C. J. Murray & Frenk, 2010; Reinhardt, Hussey, & Anderson, 2004; Ridic et al., 2012; E. C. Schneider & Squires, 2017). In their comparison of the United States, Canada and Germany healthcare systems, Ridic and colleagues (2012) find that the US health care system is strong in terms of advanced technologies but leaves a substantial portion of its residents (i.e., more than 42 million) without health care coverage. The United States is also the only high-income country without a nationwide system of care; it runs on the wheels of the private marketplace. This is a major barrier to health equity. Evidence shows that universal and equitable access to health care can only be achieved by an infrastructure in which the public sector is the primary provider (Marriott, 2009). Equitap (a network of 15 research teams across Europe and Asia) concluded that not a single low or middle-income country has been able to achieve universal health care without exclusively or predominately relying on tax-funded public sector delivery (Marriott, 2009).

Today's increasingly popular Medicare-for-All proposal offers such an approach. Similar to Canada's system, Medicare-for-All would run on single-pay tax and save hundreds of billions of dollars in costs associated with insurer overheads and administrative costs (Pollin, Heintz, Arno, Wick-Lim, & Ash, 2018; Woolhandler & Himmelstein, 2019). Not changing the trajectory the US health care system would ostensibly be the most damaging. The Trump administration is currently working to lax ACA insurance regulations and slash Medicaid coverage; in a recent budget proposal, the Trump administration "calls for cuts of $1.5 trillion in Medicaid funding and $818 billion in Medicare provider payments over the next ten years" (Woolhander and Himmelstein,

2019, p. 3).

Health care reform, however, is only one piece of the puzzle when it comes to immigrant health disparities. As Waitzkin (2000) puts it: "Major problems in medicine are also problems of society . . . . From this view, health reforms that do not address the relationships between the health system and broader social structure are doomed to fail" (p. 4). This dissertation attests to this claim. Addressing immigrant health disparities requires a simultaneous reconfiguration of the US health care and immigration systems. Such an assertion may feel overwhelming, but this dissertation casts light on a relevant starting point: legibility. Access to formal health care settings (i.e., hospitals, community clinics, etc.) and NGO spaces cannot be based on legibility. At a minimum, migrants must be counted among those who are excluded from health care provisions. Being excluded from the category of "the excluded" relegates them to a state of social death (Cacho, 2012; Patterson, 1982) where, in biopolitical parlance (Foucault, 1978, 2003), their survival is regarded exceptional while their death is considered inconsequential. In short, a first step to ensuring migrants' health care inclusion is to make legible their health care exclusion.

Reconfiguring today's immigration system will also be extraordinarily difficult. Part of the complexity here is that citizenship and borders have taken lives of their own and are widely regarded as social facts with tremendous significance. Although they are sociolegal constructs that facilitate US imperialism and intersectional forms of subordination, they are ironically championed as the "solutions" to the state-manufactured "problem" of immigration. Although newfound "pathways to citizenship" are deemed liberal triumphs, they reify citizenship's alleged naturalness and fortify the

sociolegal significance of constructs like "legality" and "illegality," which ultimately benefit social elites across both sides of the political spectrum. Borders, as Walia (2013) suggests, are powerful manifestations and purveyors of US imperialism. Calls for "border security" – advocated just as much on the political left as the political right – embolden state sovereignty and endorse the violence migrants endure on route to, at, and across the territorial border. Reconfiguring today's immigration system in a meaningful way requires critical deconstruction and eradication of sociolegal constructs that substantiate the authority of the state.

Future Research & Final Thoughts

This research has inspired new directions for future research. In addition to other considerations laid out in each empirical chapter, my work probes for future research about the operations of Catholic Worker Movement-inspired organizations. As previously indicated, the scope of the Catholic Worker Movement is enormous, spanning over 200 communities across the United States and other parts of the world (Allaire, 2018). Migrants at Justicia y Paz (JyP) encouraged me try and connect with a house of hospitality called Casa Romero in Matamoros (Mexico) or Casa del Inmigrante in Tamaulipas (Mexico). Explicit qualitative comparison of houses of hospitality would yield greater insight about the tenets of the Catholic Worker Movement. Moreover, such comparisons would allow for an analysis of the ways "deservingness" considerations crosscut spatial and temporal contexts.

Another avenue of promising research pertains to migrant-led organizations. My dissertation elicits caution for formal health care settings (i.e., Houston's medical district) and migrant-serving NGOs like JyP in their ability to manifest true health equity. In

future research, I aim to explore the activities and aims of migrant-led organizations with health care aims. Networks established during this dissertation's ethnography and previous research (Park, Jimenez, & Hoekstra, 2017) help to make this prospective research possible in Houston, Texas. In Rochester, New York, the locale where I begin my tenure-track Assistant Professor position (i.e., at the Rochester Institute of Technology; RIT), I have already located a number of migrant-led organizations to serve as potential sites for this proposed research.

I sought to go beyond questions of health care access in this dissertation, to explore not only the mechanisms of health care exclusion, but also social consequences of health care inclusion. In this final note, I encourage social scientists, immigrant advocacy organizations, and migrants to center their activities and goals toward health care equity, rather than health care access. As this dissertation illustrates, health care access and health care equity are not the same thing, and the former may actually hinder the latter. Though important, access to the US health care system generally results in the subsidization and growth of the private medical sphere (Waitzkin, 2000), which incites further health disparities. Access or incorporation to a health care system built on injustice does little to promote justice. Advancing a health care system that promotes equity requires imagination, grit, and courage.

Contemporary parlance surrounding immigrant rights serves as a useful mnemonic device for distinguishing health care access and health care equity. Particularly after Trump was elected into office, chants at marches, rallies, and protests have consistently asserted: "build bridges, not walls." The paradox here is that both bridges and walls denote division. Bridges, as much as walls, reify sociolegally

constructed territorial sovereignty and prescribe a powerful and cautiously familiar doctrine: separate but equal. It important to imagine something different here, to make strange the familiarity of borders as natural or incorporation as success. Rather, what would it look like to "build brotherhood/sisterhood, not walls," to challenge the power of state sovereignty, rather than step over it? In a nod to Gloria Anzaldúa (1999), can calls to build brotherhood and sisterhood bring us closer to a borderland consciousness that embraces ambiguity and courageously challenges the state's demand for racial, gender, class, and legal legibility? In this regard, "building bridges" is akin to calls for "health care access," while "building brotherhood/sisterhood" aligns with demands for "health equity."

Braveman and Gruskin (2003) define health equity as "the absence of systematic disparities in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage/disadvantage – that is, different in positions in a social hierarchy" (p. 254). As the one of the nation's most intersectionally vulnerable (Park et al., 2017) and fastest growing uninsured populations (Irshad, 2012), low-income, undocumented immigrants are socially positioned to be among the strongest advocates and engineers of health equity. For sociologists, medical anthropologists, public health scholars, health practitioner, immigrant advocacy organizations, and all those dedicated to manifesting health care equity, it is important to follow their lead. Like other multiply-marginalized populations, they have a keen understanding of the structural violences (Ansell, 2017; Farmer, 2004; Galtung, 1969; Sabo et al., 2014) imbued within today's health care system today, and their experiences attest to the future of health care for everyone without substantive social change.

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Appendices

Appendix 1: The Sky-blue Mini-coop

Every time I see a sky-blue mini-coop, I become anxious, picture James, and think about the pervasive complexities of sexual violence. As an ethnographer, I had to make several difficult decisions about what it means to be an ally of migrants in today's world, particularly within a country where racialization and criminalization of migrants is rampant and seems to be charging full steam ahead. Legal or not, the United States does not protect those deemed "other" or "less than," and the grand paradox of "protection under the law" is that law generally creates the conditions where protection is needed.

What I share here is a vignette about sexual violence. This is not just about me. It is a testament to the complicated truth that power protects power, and it is reflection of the taken-for-granted ethical complexities that come with ethnographic fieldwork. Part of this appendix is written out of a need for catharsis, the compulsion to make personal, political, methodological and sociological sense out of violence that is simultaneously about race, gender, nation, and class. The other impetus behind this appendix is about solidarity, the recognition that this reflection is one of many steps toward justice and intersectional equity.

This following vignette takes place in May of 2017 during a two-week follow-up with the organization. The crux of my ethnography took place between October 2015 and September 2016. This purpose of this visit was to see whether/how things have changed for men since my departure from the organization.

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The surrounding area had undergone much renovation in the short nine months I was away. I walked down Shepherd Street to take pictures of the new developments. What were once open parking lots intermixed with loose gravel and dirt were now erected buildings serving consumer interests – a bar with a large interior and outdoor patio decorated with wooden chairs, Ping-Pong tables and oversized Jenga blocks; a multi-level storage facility with floor-to-ceiling glass windows and concrete walls; bright-colored houses; and the beginnings of what would become the next installment of condominiums on the booming stretch of the Washington Street Corridor. Each of these developments had laid claim to the former commons of migrant day-laboring. Across the street from the new bar sat seven men with worn sweaty clothes. They waved at me with a smile, recognizing my face from previous sandwich delivery excursions I made the previous year. I continued walking two blocks, circling around the train tracks and making my way back to the men's house on Durham Street. Then I saw the sky-blue-mini cooper.

I've seen this car before, a small mini-cooper with a sky-blue body and white top. The car sat still in the middle of a vacant parking lot with its headlines oriented in my direction. I continued walking. It wasn't until I was about ten feet away from the car that I saw the familiar white face, a short, plump man with a neat comb of snowy-white hair, and a bright-yellow shirt. Through the thick of his dark glasses, his blue eyes searched for mine. That's all he needed – a glance. My legs continued walking while my mind began to frantically work up a plan for possible confrontation. I was uncomfortable and annoyed. Why was he following me, and why did he follow the other men? I passed his car with an expressionless wave. It wasn't until his car and I were back to back that I

heard the honk, a quick but direct intention to grab my attention. I ignored it. Then another honk. I edged my head around my shoulder in response. He was turning his car around in the large parking lot. I whipped my head back into forward glance and began walking faster, refusing to look back until I returned into the public gaze of more than just that of the man with the blue-mini coop. Standing on the busy corner of Washington and Durham, I contemplated how I would confront the man. Several minutes passed before I decided to walk back. I approached the parking lot slowly, seeing the bright sky-blue mini-coop through the brush of a fifteen-foot tall tree. He was already busy talking to someone, one of the day-laborers I had passed earlier. Today would not be the day I confronted the man with the blue-mini-coop. I returned to the men's house, realizing moments before walking back inside that I, not the man in the blue mini-coop, was being followed by a cop.

I talked to Jose about the mini-coop, showing him pictures of the car and insisting that I had seen on multiple occasions.

"Yes. That man is a 'joto,'" Jose explained, "He is gay. That is not a good man. He pays men for sex." We shared my photo of the mini-coop with other men who confirmed Jose's story. Apparently, many of the guys were aware of the blue mini-coop and its owner. Jose indicated that he had talked to Margaret about the man several months ago. Maintaining what she had advised then, Jose suggested it be best to remain cautious of him.

*I shared this information with my roommate, Sebastian**,** who joked that I should wear booty shorts next time I take a walk around the neighborhood. I remained determined to confront the man, and it didn't take long for the opportunity to arise.*

Two days later, as I was returning to the men's house from a midday errand, I saw the sky-blue mini coop parked along a nearby street. As before, one of the day-laborers was in conversation with the man. I quickly parked the car at the men's house, went inside and informed Sebastian that I would be confronting the mini-coop. Sebastian agreed to be another pair of eyes on me while I talked to man.

"I will not get into his car," I told Sebastian, "If you see me get into his car, it's because I'm being forced to and you'll need to intervene." Sebastian agreed and told me he would meet me outside the front of the men's house in a few minutes. I went outside to wait for him. It began to rain lightly. I was ready to walk back to the street where I saw the mini-coop, but no more than a minute passed by before the blue mini-coop turned the corner and pulled up right next to me. The man rolled down his window and waved me closer with a smile.

"Que paso [what's up]?" I stumbled in Spanish.

"Adonde vas [where are you going]?" the man replied with even less developed Spanish. I was clearly more fluent in the language, enough to convince him that English was my second language. We continued in Spanish.

"I'm just taking a walk," I pointed up the block toward the railroad tracks.

"Oh okay. That's nice. What is your name?" he asked.

"Rolando," I lied, "And you?"

"James," he said with a wide smile. He licked his lips. "I can take you wherever you're going."

"Oh that's alright. I actually like to walk in the rain. It's not a thunderstorm yet, so it's nice."

At this point, Sebastian exited the men's house and saw me talking to James. He got into the van with a few other men from the house and slowly drove toward us. I gave Sebastian a quick glance, indicating to him that I was fine. Sebastian took this as a sign that he drive off, which he did. 'That wasn't the plan!' I thought to myself.

"Where are you from?" James continued. "Cuba?"

"No, I'm from Mexico," I lied again. "You?"

"I live around here," James responded, "but I'm from New Jersey."

I continued sharing the details of my fabricated life with James for another ten minutes, telling him I crossed through Eagle Pass and was the oldest of eight siblings. In turn, he shared that he was 58 years old and retired, now in the habit of driving around the area to look at the nice houses and restaurants. I knew otherwise.

I ended our conversation with an assertion that I would continue my routine walk around the neighborhood. James indicated I seemed like a nice young man and said goodbye. Without looking back, I walked up Shepherd to take the same route I had the other day. When I got to the train tracks, I stopped to talk to one of the day laborers. As we talked, I saw the sky blue mini-coop make its way up an adjacent street. It slowly looped around the street three times. The whole car was watching me.

When I returned the men's house, I shared my experience with Jose, who responded with concern about my well-being.

"Sometimes," Jose cautioned, "the guys tell me when someone gets into his car, he locks the door and takes them back to his place."

Jose reiterated that James was a man with 'ugly thoughts.' It was not the homosexuality that troubled Jose, it was the power dynamic between the men and James.

Reflecting on my own positionality in the situation, I decided I would defer to Jose's discretion as to what the next steps should be. The ethical considerations were complicated to unwind. For many of the day laborers and perhaps a select few men at the men's house, prostitution was a way for the men to make money – $200 to $300 each time, according to Jose – although being paid was not necessarily a guarantee. Like other forms of labor the men partake in, the men's legal status puts them in a vulnerable position where they have no legal recourse in the event of missing wages and exploitative/dangerous work conditions. Unable to participate in the formal labor market, the men are forced to subject themselves to unstable, precarious employment that exposes them not only to a range of environmental or mechanical hazards, but also to sexual violence.

The days after my encounter with James were characterized by caution and frustration. Every time I walked outside of the men's house, I felt unsafe, like I was being watched from some driver-seat window one or two blocks away. Even after leaving Houston, every time I see a mini-cooper, I think of James' sky-blue mini-coop and become uneasy. This is power operates. James no longer needs to be present to own my consciousness. When he "buys" sexual favors from the men, he claims ownership to their thoughts, nights and dreams. James thinks he pays for a service, but what he really does is purchase the men's sense of security, including my own. There are no receipts for this. No returns.

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In hindsight to the moment described above, I realized that James had been following me for almost the entire duration of the ethnography; he stalked me at least

three or four times every week. At first, the sky-blue mini-coop meant nothing to me. Today, it reminds me of what it's like to be followed, watched, objectified. I know that women – and women of color in particular – experience these forms of violence and abuse far more than men. As feminists theorists have already illustrated and argued (e.g., Lawson, 2012), James' stalking is fundamentally about power. He targets migrant men – or those racialized as migrant men like myself – because they have limited options for survival and no legal recourse for abuse. Where the law fails to protect the oppressed, it safeguards the security of the oppressor.

I could not tell anyone. As an ethnographer and ally of the men, I felt a complicated tension about what it would mean for the men if James were put behind bars. As indicated in the above vignette, I had no way of telling. I was uncertain about the degree to which James' abuses were also the very means by which migrants made a living and stayed alive. At the same time, I understood the implications of my silence as a mechanism of complicity. I concluded that my action would be this action – writing, sharing, and reflecting on the power structures that protect James and safeguard migrants' oppression.

Appendix 2: Interview Schedule

- **Introductions & Biography**
  - Explanation of research project and confidentiality; sign consent form (if applicable)
  - Personal history: country of origin, migration stories, health history, race/ethnicity, age, familial make-up, income
  - Reasons for working/being at Justicia y Paz (other places visited, why Justicia y Paz)
- **Health Care Experiences**
  - Types of coverage
  - Connections to other local health care and/or migrant organizations
  - Common beliefs among migrant community regarding how to access health care
  - Alternative coverage (Where do you go to satisfy your health care needs; transnational connections)
  - Traditional medicines
  - Non-biomedical healing
  - Health care stories (major challenges, successes, personal reflections on the US health care system)
  - Biggest concerns
  - Interactions with medical practitioners within and outside of Justicia y Paz
  - Interactions with political figures in the region
- **Life in Houston**
  - Activities in Justicia y Paz
  - Activities outside of Justicia y Paz
  - Experiences of marginalization
  - Fun
  - Relaxation
  - Political Activities
  - Passions (What sort of things are important to you?)
- **Work-Related Activities**
  - Economic Stability
  - Types of jobs
  - Treatment as a worker
  - Financial situation
  - Expenses (i.e., housing, transportation, etc)
- **Life in Home Country (*migrants only*)**
  - Transnational activities
  - Connections with others back home
  - Reasons for migrating
  - Remittances
  - Community formation (Building community in US and in country of origin)
  - Biggest concerns
- **Concluding interview**
  - Other items to be discussed?

- Ask if others might be willing to be interviewed
- Ask what sort of things I should check out to learn more about Houston (in relation to health care, the social environment and the political atmosphere).
- Thank participant; provide contact information for questions.

Appendix 3: Coding Process

NVivo was central in my coding process but was used chiefly for organization purposes. I uploaded all of my ethnographic data into NVivo after my ethnography was complete (i.e., September 2016)[83]; I included interview data gradually as transcriptions were completed. I coded data in three waves. The first wave was exploratory. Although I already had an idea from my fieldwork what my major codes (or what NVivo calls "nodes") would be, I decided to do exploratory coding for all my data and create a range of "parent nodes." Thirty parent nodes emerged out of this process, which include the following:

- Biometrics
- **Borders**
- **Citizenship**
- Class
- **Connection**
- **Creativity**
- **Deservingness**
- Follow-up Notes to self
- **Gender**
- **Giving**
- Gratitude
- **House Events-Problems**
- Identity
- **Immigration & Health Care Policies**
- **Informal Economics**
- **Institutional Experiences**
- Labor General
- Language
- **Organization Activities**
- **Organization and City Descriptions**
- **Organizational Relationships**
- **Positionality**
- **Power**
- **Race**
- **Religion**
- Service
- **Socialization**
- **Source Types**
- **US Perspectives**
- **Volunteers**

The twenty-two **bolded** nodes above indicate those that contained "child nodes." Child nodes are codes that are subsumed beneath parent nodes. For example, the parent node "source types," contains two child nodes: (1) interviews and (2) field notes. All of my child nodes emerged during the second wave of coding and helped me organize my data

[83] As noted above, I conducted a two-week follow-up with Justicia y Paz in the Summer of 2017.

even further. I reviewed each individual parent code and decided whether child nodes would help me further specify the data. This second wave resulted in ninety-eight child nodes. The following ten child nodes were referenced the most in my data; associated parent codes are in parentheses:

- Cubans (Race)
- Catholic Worker Movement (Religion)
- Gold Card (Immigration & Health Care Policies)
- Health Care (Institutional Experiences)
- Heteropatriarchy (Gender)
- Imagination (Creativity)
- Immigrant Sociability (House-Events-Problems)
- Teaching (Organization Activities)
- Victory (Informal Economics)
- Volunteer Authority (Power)

Most of these child nodes were referenced ten or more times. Lastly, I conducted a third wave of coding and further stratified child nodes into more specific categories. This only occurred for three child nodes, including: (1) Catholic Worker Movement; (2) Health Care; and (3) Immigrant Sociability. Subsumed beneath "Catholic Worker Movement" were nodes like "hierarchy," "volunteer labor," and "social justice/activism." Within the "Health Care" child node were things like "waiting and time," "mental health," and "morbidity and mortality." Lastly, beneath "Immigrant Sociability" were nodes like "pool table," "cats," and "lunches."

As indicated in the introduction of this dissertation, my data collection, analysis, and writing occurred simultaneously. Although NVivo is a qualitative data analysis software, much of my analysis occurred before I uploaded anything into NVivo itself. Having detailed my thoughts, considerations, and ideas into my field notes as I was conducting my ethnography, I used NVivo chiefly for the purpose of keeping my data organized. The nodes helped me refer back to salient topics like labor, connection, and

race, but actual analysis required that I deeply evaluate the data for intersubjective meanings, omissions, and less apparent sociopolitical forces. As discussed in this dissertation's introduction, this process required a constant back and forth between the data and theory.